

SERFF Tracking Number: HMRK-127156515 State: Arkansas
Filing Company: HM Life Insurance Company State Tracking Number: 48705
Company Tracking Number: HM905-LMP (5/10)-A
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Limited Benefit Medical
Project Name/Number: SBU Assoc. Filing/HM905-LMP (5/10)-A

Filing at a Glance

Company: HM Life Insurance Company

Product Name: Limited Benefit Medical

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: HMRK-127156515 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 48705
Closed

Co Tr Num: HM905-LMP (5/10)-A State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Author: Jennifer Bayich Disposition Date: 06/02/2011

Date Submitted: 05/06/2011 Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: SBU Assoc. Filing

Project Number: HM905-LMP (5/10)-A

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Association

Filing Status Changed: 06/02/2011

State Status Changed: 06/02/2011

Created By: Jennifer Bayich

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

The above referenced Certificate is being submitted for your review. We are submitting this filing for issue to Arkansas residents who are members of the Small Business United Association, a membership association situated in Texas. The Association will be issued the above referenced form as approved by the Texas Department of Insurance on December 21, 2010.

These form represents HM Life's Indemnity Medical product which is a type of accident and health coverage marketed

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Jennifer Bayich, Compliance Analyst II jennifer.bayich@hminsurancegroup.com
 P.O. Box 535061 412-544-0923 [Phone]
 P6504 412-544-1138 [FAX]
 Pittsburgh, PA 15235-5061

Filing Company Information

HM Life Insurance Company CoCode: 93440 State of Domicile: Pennsylvania
 PO Box 535065 Group Code: 812 Company Type:
 Suite P6504 Group Name: HM Insurance Group State ID Number:
 Pittsburgh, PA 15253-5065 FEIN Number: 06-1041332
 (412) 544-1139 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 from x \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
HM Life Insurance Company	\$50.00	05/06/2011	47340020

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/02/2011	06/02/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	05/31/2011	05/31/2011	Jennifer Bayich	06/02/2011	06/02/2011

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Disposition

Disposition Date: 06/02/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

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	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Submission Letter	Approved-Closed	Yes
Supporting Document	Articles & Bylaws	Approved-Closed	Yes
Supporting Document	Red-Lined Copy of Certificate	Approved-Closed	Yes
Supporting Document	Response Letter	Approved-Closed	Yes
Form (revised)	Certificate	Approved-Closed	Yes
Form	Certificate	Replaced	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/31/2011

Submitted Date 05/31/2011

Respond By Date

Dear Jennifer Bayich,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certificate, HM905-LMC 510-A (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Objection 2

- Certificate, HM905-LMC 510-A (Form)

Comment:

Coverage for a newborn infant must be for at least 90 days as outlined under ACA 23-79-129.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 06/02/2011
 Submitted Date 06/02/2011

Dear Rosalind Minor,

Comments:

Thank you for your continued review of this filing. The following is in response to your objections:

Response 1

Comments: The definition of Eligible Dependent has been revised to remove the 31-day time and to state within a reasonable time.

Related Objection 1

Applies To:

- Certificate, HM905-LMC 510-A (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Certificate	HM905-LMC 510-A		Certificate	Initial		54.000	HM905 LMC-510-A rev clean 6.2.11.pdf

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Previous Version

Certificate	HM905- LMC 510- A	Certificate	Initial	54.000	HM905 LMC 510- A.pdf
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No Rate/Rule Schedule items changed.

Response 2

Comments: The last paragraph on page 9 has been revised to allow for 90 days to notify the insurer of a newborn child.

Related Objection 1

Applies To:

- Certificate, HM905-LMC 510-A (Form)

Comment:

Coverage for a newborn infant must be for at least 90 days as outlined under ACA 23-79-129.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Red-Lined Copy of Certificate

Comment:

Satisfied -Name: Response Letter

Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Certificate	HM905- LMC 510- A		Certificate	Initial		54.000	HM905 LMC-510- A rev clean 6.2.11.pdf

Previous Version

Certificate	HM905-	Certificate	Initial	54.000	HM905
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<i>Filing Company:</i>	<i>HM Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48705</i>
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<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Limited Benefit Medical</i>		
<i>Project Name/Number:</i>	<i>SBU Assoc. Filing/HM905-LMP (5/10)-A</i>		
	<i>LMC 510-</i>		<i>LMC 510-</i>
	<i>A</i>		<i>A.pdf</i>

No Rate/Rule Schedule items changed.

If you have any questions, please contact me at the above address, by telephone at 412-544-0923 or if you prefer via e-mail to Jennifer.bayich@hminsurancegroup.com. Thank you in advance for your time and consideration.

Sincerely,
Jennifer Bayich

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 Product Name: Limited Benefit Medical
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Form Schedule

Lead Form Number: HM905-LMP (5/10)-A

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/02/2011	HM905-LMC 510-A	Certificate	Certificate	Initial		54.000	HM905 LMC-510-A rev clean 6.2.11.pdf

HM Life Insurance Company

120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

HM Life Insurance Company, certifies that you will be insured under the Group Policy Number issued to the Policyholder shown below during the time, in the manner, and for the amounts provided in the Group Policy.



President

POLICYHOLDER:	Small Business United
GROUP POLICY NUMBER:	[*]
POLICY EFFECTIVE DATE:	[*]
CERTIFICATE EFFECTIVE DATE:	[*]
STATE OF ISSUE:	Texas

A Group Policy has been issued to the Policyholder. Your coverage under that Group Policy is shown in this Certificate. If your coverage is changed by an amendment to the Group Policy, We will provide the Policyholder with a revised Certificate or other notice to be given to you.

PLEASE READ THIS CERTIFICATE CAREFULLY

This Certificate of Insurance has a Table of Contents to help you find specific provisions. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Certificate Effective Date shown above, at the Policyholder's address. The laws of the State of Issue shown above govern this Certificate.

"You" and "your" refer to the Covered Employee. The "Company", we", "us", and "our" refer to **HM Life Insurance Company**. Other defined terms are printed with an initial capital letter.

• GROUP INDEMNITY MEDICAL INSURANCE CERTIFICATE • NON-PARTICIPATING

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

THIS CERTIFICATE DESCRIBES THE GROUP INDEMNITY MEDICAL INSURANCE PROVIDED UNDER THE GROUP POLICY. THE GROUP POLICY DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL INSURANCE.

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SCHEDULE OF BENEFITS

This Certificate is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to the benefits provided by the Policy under this Certificate please read all the provisions carefully.

Eligible Persons: An Eligible Person is an individual who *[include when there is more than one class of Eligible Persons - meets all of the requirements of one of the Covered Classes shown below]* [is [a full-time employee of the Policyholder who works at least [15] hours per week.]]

- [Class 1 All employees of the Policyholder who are officers
- Class 2 All employees of the Policyholder who are managers or supervisors
- Class 3 All other employees of the Policyholder]

Eligibility Waiting Period

The Eligibility Waiting Period is the period of time an Employee must be in a Covered Class to be eligible for this insurance. It will be extended by the number of days the Employee is not in Active Service.

For Employees hired [[31 days] or more] before [No Waiting Period] the Policy Effective Date:
 For Employees hired [less than [31 days] before, [No Waiting Period; 31 days]] or] after the Policy Effective Date:

MEDICAL INDEMNITY BENEFITS

This *Schedule of Benefits* provides a brief outline of the Medical Indemnity Benefits provided by the Policy under this Certificate. Please read the *Description of Benefits* section for full details.

Covered Expense

Benefit Amount

In-Patient Hospital Services

Maximum Daily In-Hospital Benefit	[\$100-\$2,000]
Maximum Days per [Plan] Year	[20-365]
[Additional Daily Benefit for the first day of Hospital confinement (limited to [1-2] admissions per [Plan] Year)]	
	[\$100-\$2,000]
[Daily ICU, CCU, NICU or PICU Benefit]	[\$100-\$4,000]
[Maximum Days per [Plan] Year]	[1-90]
[Mental / Nervous Conditions Benefit]	[50% of the Daily In-Hospital Benefit]
[Maximum Days per [Plan] Year]	[10-30]
[Substance Abuse Benefit]	[50% of the Daily In-Hospital Benefit]
[Maximum Days per [Plan] Year]	[10-30]

Out-Patient Hospital Services

Daily Out-Patient Treatments	[\$25-\$500]
Maximum Days per [Plan] Year	[1-8]

Out-Patient Diagnostic Testing Benefit

Daily Out-Patient Tests	[\$25-\$500]
Maximum Days per [Plan] Year (limited to one test per day)	[1-8]

Hospital Emergency Room Benefit

Benefit Amount per Visit	[\$100 - \$500]
Maximum Visits per [Plan] Year for Covered Accidents	[1-5]
Maximum Visits per [Plan] Year for Covered Sickness	[1-5]

[Physician Services]**[Surgery Benefit]**

Maximum Procedures per [Plan] Year[*]	[See Schedule of Surgical Procedures] [1-5]
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[* Exceptions apply – See Schedule of Excepted Procedures]

[Anesthesia Benefit]

[20% of the Surgery Benefit payable for the procedure performed]

[Inpatient Visits]

Benefit per Visit	[\$30 - \$100]
[Maximum Number of Visits per [Plan] Year (Limited to 1 visit per day)]	[1-6]

[Office Visits]

Maximum Benefit per Visit	[\$30-\$100]
[Maximum Number of Visits per [Plan] year]	[1-15]

[Outpatient Prescription Drug Benefit]

[Generic Drugs Benefit]	[\$2-\$20]
[Maximum generic prescriptions per [Plan] year]	[1-24]

[Brand Drugs Benefit]	[\$2-\$30]
[Maximum brand prescriptions per [Plan] year]	[1-24]

[Home Health Care Benefit]

[Benefit per day]	[\$20-\$50]
[Maximum number of days per [Plan] Year]	[5-75]

[Ambulance Service]

Benefit per Trip	[\$75-\$300]
Maximum Number of Trips per [Plan] year]	[1-3]

[Wellness Service Benefit]

[Benefit per Service] [\$25-\$100]
[Maximum Services]
per [Plan] Year [1-3]

[Wellness Screening Test Benefit]

[Benefit per [Test] [Day] [\$20-\$150]
[Maximum [Tests] [Days]
per [Plan] Year [1-3]

Contributions

The [entire] cost of this insurance is paid by [the] [Policyholder] [and] [Covered Persons].

GENERAL DEFINITIONS

Please note that certain words used in this Certificate have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our the words defined below and capitalized within the text of this Certificate have the meanings set forth below.

Active Service means that the Covered Employee is either:

1. at work on one of the Employer's scheduled work days and is performing his regular duties on a full-time basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires him to travel;
2. on a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, only if the Employee was in Active Service on the preceding scheduled workday.

A Covered Person is considered in Active Service if he is none of the following:

1. an Inpatient in a Hospital, Skilled Nursing Facility, rehabilitation hospital, convalescent facility or receiving Outpatient care or chemotherapy or radiation therapy;
2. confined at home under the care of a Physician for a treatment of a Covered Sickness or of injury sustained in a Covered Accident; or
3. totally disabled.

Autism Spectrum Disorder means a neurobiological disorder (defined below) that includes Autism, Asperger's Syndrome, or Pervasive Development Disorder-- Not Otherwise Specified.

Ambulance Service means an entity which is licensed by the state, where required, which provides local air or land transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured. A Trip means transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured, for example:

- a. from a Covered Person's home, the scene of an accident or medical emergency to a Hospital or skilled nursing facility; or
- b. between Hospitals; or
- c. between a Hospital and skilled nursing facility

Treatment means care, services or supplies, provided by or at the direction of a Physician for a Covered Expense.

Company or we, us or our means HM Life Insurance Company, domiciled in Pennsylvania.

Covered Accident means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. occurs while the Covered Employee is covered under this Certificate or is not subject to the Pre-Existing Condition Limitation;
2. treatment must be rendered within 72 hours of such Covered Accident;
3. is not contributed to by disease, sickness, or mental or bodily infirmity; and
4. is not otherwise excluded under the terms of this Certificate.

Covered Employee means an Eligible Person, as defined in the *Schedule of Benefits*, for whom an enrollment form has been accepted by us and required premium has been paid when due and for whom coverage under this Certificate remains in force.

Covered Expenses means the benefits shown, for services or supplies listed, in the *Schedule of Benefits* and described in the *Medical Indemnity Benefits* section of this Certificate. Covered Expenses must be Incurred by a Covered Person for Treatment of a Covered Accident or a Covered Sickness.

Covered Person means a Covered Employee, an eligible spouse and eligible dependent children who are covered under this Certificate.

Covered Sickness means a bodily disorder, disease, physical or mental condition, functional nervous disorder, pregnancy, or complication of pregnancy that:

1. is first manifested while the Covered Person is covered under this Certificate or is not subject to the Pre-Existing Condition Limitation; and
2. is not otherwise excluded under the terms of this Certificate.

A Covered Sickness includes congenital defects and birth abnormalities of a newborn child.

Eligible Dependent means the Covered Employee's:

1. lawful spouse, unless such spouse is eligible for medical coverage as a Covered Employee under this Policy; and
2. unmarried natural or step child, unless such child is eligible for medical coverage as a Covered Employee under this Policy and who:
 - a. is less than [19] [26] years old; or
 - b. [each of your unmarried children who is under [25] years of age and attending an accredited educational institution as a full-time student.]
 - c. becomes incapable of self-support because of mental retardation or physical handicap before reaching the limiting age for dependent children. The Company must receive proof of incapacity within a reasonable time after coverage would otherwise terminate. This insurance will continue for as long as the Covered Employee's insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age [25] [26];
 - d. is adopted by or placed for adoption with, or is party in a suit for adoption by, the Covered Employee; or
 - e. is required to be provided coverage by the Insured or his spouse under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a

judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609[a]).

Eligible Person means an individual as defined in the *Schedule of Benefits*

[Provide **Evidence of Insurability** means a Covered Person must upon request and at their expense:

1. Complete and sign our health and medical history form.
2. Sign our form authorizing us to obtain information about his health and other insurance coverage.
3. Provide any additional reasonable information about his insurability that we request.
4. Undergo a physical examination and testing at our request.]

He, him or his means an individual, male or female.

Hospital means an institution that meets all of the following:

1. it is licensed and accredited by the Joint Commission on Accreditation of Health Care Organizations as a Hospital pursuant to applicable law; it is primarily and continuously engaged in providing medical care and treatment to a sick and injured persons;
2. it is managed under the supervision of a staff of legally licensed physicians;
3. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
4. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
5. it charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent or custodial care;
2. the aged; or
3. Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person Incurs an expense.

Hospital Stay means a confinement in a Hospital, ordered by a Physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a Covered Accident or a Covered Sickness. Separate Hospital Stays due to the same Covered Accident or Covered Sickness will be treated as one Hospital Stay unless (a) separated by at least [90] days or (b) a Covered Employee returns to Active Service for [30] or more days between Hospital Stays.

Incurred or Incurs means an obligation to pay for a Covered Expense for treatment, service or purchase of supplies, deemed to be the date it is provided to the Covered Person.

In-Patient means a Covered Person who is confined for at least one full day or twenty-four (24) continuous hours in a Hospital and incurred room and board charges. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case The term "Inpatient" shall mean [a Covered Person] who is required to be confined for a period of at least a full day or

twenty-four (24) continuous hours as determined by the Hospital.

Out-Patient means a Covered Person who receives covered treatment, services and supplies while not an Inpatient in a Hospital.

Physician means a licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:

1. employed or retained by the Policyholder; or
2. living in the Covered Person's household; or
3. a parent, sibling, spouse or child of the Covered Person.

Policyholder means the entity shown on the cover page of this policy.

[Pre-Existing Condition means any injury sustained in an accident that occurred, or a sickness that first manifested itself before the Covered Person's effective date of coverage under this Policy and for which the Covered Person has not received any diagnosis, medical advice, care or treatment within the 6-month period immediately preceding His effective date of coverage.

A pregnancy that existed on a Covered Person's effective date will not be considered as a Pre-Existing Condition.

Benefits for Pre-Existing Conditions may be limited. Please read the *Description of Medical Indemnity Benefits* section for any applicable limitations.]

You or your mean the Covered Employee.

ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS

Certificate Effective Date

We agree to provide Medical Indemnity Insurance Benefits described in this Certificate in consideration of your enrollment and payment of the contributions, if any, when due. Your coverage under this Certificate's begins on the date you are eligible.

Eligibility

An employee becomes eligible for insurance under the Policy on first of the month following the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*. Dependents of an Eligible Person become eligible for any dependent insurance provided by this Certificate on the later of first of the month following the date the employee becomes eligible and first of the month following the date the spouse or dependent child meets the applicable definition shown in the *Definitions* section of this Policy.

No person may be eligible for insurance under the Policy as both an Employee and a spouse or dependent child at the same time.

[If both spouses are eligible as employees, the dependent children, may be covered under only one employee, but not both of them.]

[If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have no dependent children;

1. both will be insured as Covered Employees when a Covered Employee is not required to contribute to the cost of his insurance; and
2. both may be insured as Covered Employees or one may elect to insure the other as an Eligible Dependent when a Covered Employee is required to contribute to the cost of his insurance.

If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have dependent children;

1. both [will] [may] be insured as Covered Employees and dependent coverage will be provided via only the parent whose birthday occurs first during a [Plan] year, when a Covered Employee is not required to contribute to the cost of his dependents' insurance; and
2. both may be insured as Covered Employees but only one may elect dependent coverage to insure dependent children, when a Covered Employee is required to contribute to the cost of his dependents' insurance.]

[A spouse that does not meet the definition of an Eligible Person or a dependent child may elect to be insured as an Eligible Dependent provided one spouse meets the definition of an Eligible Person as shown in the *Schedule of Benefits*.]

Insurance becomes effective for an eligible employee who enrolls and agrees to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the employee becomes eligible;
3. first of the month following the date we receive the employee's completed enrollment form and the required first contribution, if any, during his lifetime.

Insurance becomes effective for an employee's Eligible Dependent[s] if [he] [the employee] enroll[s] and agree[s] to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the employee becomes eligible;

[3.] [first of the month following the date the employee's insurance becomes effective];;

[4.] first of the month following the date the dependent meets the definition of spouse or dependent child, as applicable;

[5.] first of the month following the date We receive a completed enrollment form for [such person's] [spouse and dependent child] coverage and the required first premium, during [such] [each] dependent's lifetime.

Insurance becomes effective for a newborn dependent child automatically from the moment of the child's live birth. Insurance for that dependent child automatically ends 90 days later unless [the Employee has a Spouse or] other Dependent Children [are] insured under this Policy or [makes] a request [is made] to cover the child and [pays] the required initial premium [is paid], during the child's lifetime.

Deferred Effective Date

The effective date of insurance will be deferred for any employee who is not in Active Service on first of the month following the date he would otherwise have become an Eligible Person. Coverage will become effective on the later of first of the month following the date he returns to Active Service and first of the month following the date coverage would otherwise have become effective.

Late Enrollee

An Eligible Person will be considered a late enrollee if he does not apply for coverage under this Certificate within 31 days of first of the month following the date he is first eligible.

[Coverage for any late enrollee will become effective on the first of the month following the date he completes a [90-day] late enrollee waiting period and submits the required premium.]

[If an Eligible Person does not apply for insurance under this Policy within 31 days of the date he is first eligible, he must provide satisfactory Evidence of Insurability to become insured. Coverage for any late enrollee will become effective on [the day following] [the first day of the month] [coinciding with or next following] the date we approve the Covered Person's Evidence of Insurability.]

Effective Date of Changes

Any increase or decrease in the amount of insurance for the Covered Person resulting from a change in benefits provided by this Policy or a change in the employee's Covered Class will take effect on first of the month following the date of such change. Increases will take effect subject to any Active Service requirement.

Termination of Insurance

Please read the *Continuation Provisions* section of this Certificate for information on continuation after eligibility for coverage would otherwise end.

The insurance on a Covered Person will end on the earliest date below:

1. first of the month following the date this Certificate or insurance for a Covered Class is terminated;
2. the next premium due date after first of the month following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Certificate;
3. [the next premium due date after first of the month following the date the Covered Person attains age 70;]
4. the last day of the last period for which contributions, if any, are paid;
5. the end of any period of continuation, as provided in the *Continuation Provisions*; and
6. with respect to an Eligible Dependent, first of the month following the date of the death of the Covered Employee or first of the month following the date of divorce from the Covered Employee.

Termination will not affect a claim for Covered Expenses Incurred while coverage was in effect.

Continuation Provisions

Continuation may be available after the termination of this insurance. Please contact your employer for details.

CLAIM PROVISIONS

Notice of Claim

Written or authorized electronic/telephonic notice of claim must be given to us within [31] days after a Covered Expense is Incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent]. Notice should include the Policyholder's name and policy number and the Covered Person's name, address, and Policy Number.

Claim Forms

We will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not sent within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Certificate for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

Proof of Loss

Written or authorized electronic proof of loss satisfactory to us must be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent] within 90 days of the loss for which claim is made. If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

Time of Payment of Claims

We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss.

Payment of Claims

All benefits will be paid in United States currency. All benefits payable under this Certificate, unless otherwise stated, will be payable to the Covered Person or to his estate.

[If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.]

Claim Administration

For plans subject to the Employee Retirement Income Security Act (ERISA), The plan administrator of the employer's employee welfare benefit plan (the plan) has selected us as the

plan fiduciary under federal law for the review of claims for benefits provided by this Certificate and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of plan documents, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no fiduciary responsibility with respect to the administration of the plan except as described above. It is understood that our sole liability to the plan and to participants and beneficiaries under the plan shall be for the payment of benefits provided under this Certificate.

We may contract with another entity to perform this function on our behalf.

Physical Examination and Autopsy

We, at our own expense, have the right and opportunity to examine the Covered Person when and as often as we may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions

No action at law or in equity may be brought to recover under this Certificate less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Certificate. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Certificate.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

GENERAL PROVISIONS

[10 Day Right To Examine Certificate

If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to Us within 10 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.]

Assignment

[The rights and benefits provided by this Certificate, except as provided herein, may not be assigned. The payee may, after a benefit or series of benefits has become payable, assign only those benefits. Such assignment will be valid only if we receive it before any of those benefits have been paid and only for benefits payable for claims arising from the same Covered Accident or Covered Sickness. Any other attempt to assign will be void.]

[The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the Policyholder).]

Incontestability

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Certificate are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

DESCRIPTION OF INDEMNITY MEDICAL BENEFITS

This Section describes the Medical Indemnity Benefits provided by this Certificate. Benefit amounts and any applicable benefit-specific maximums or limits are shown in the *Schedule of Benefits*. Please read these sections in order to understand all of the terms, conditions and limitations applicable to these benefits.

MEDICAL EXPENSE BENEFITS

We will pay the benefits amount shown in the *Schedule of Benefits* for Covered Expenses Incurred by a Covered Person, subject to all applicable conditions and exclusions, for Treatment of an injury sustained in a Covered Accident or for Treatment of a Covered Sickness. All benefit amounts and any applicable maximums are shown in the *Schedule of Benefits*, and, unless otherwise specified, are payable on a per Covered Person basis. For other than Surgery, the amount we will pay is limited to the dollar amount shown in the Schedule of Benefits for the Covered Expense, or the provider's billed charge, if less. The amount we will pay for any one Surgical Procedure is limited to the dollar amount shown in the *Schedule of Surgical Procedures*, or the surgeon's billed charge, if less.

Covered Expenses:

In-Patient Hospital Services

If a Covered Person while insured is confined in a hospital as a result of a Covered Accident or a Covered Sickness, we will pay a benefit for each day of Confinement, up to the Maximum Number of Days per [Plan] year, as shown in the *Schedule of Benefits*. No benefit will be paid for any day the Covered Person is not under the regular care and attendance of a Physician.

Benefits will be payable for a Covered Person while confined in an intensive care unit, coronary care unit, neonatal intensive care unit or pediatric intensive care unit up to the Maximum Number of Days per [Plan] year, as shown in the *Schedule of Benefits* for a Covered Accident or Covered Sickness. This benefit and the Daily In-Hospital Benefit together will be limited to the Maximum Number of Days as shown in the *Schedule of Benefits* for the Daily In-Hospital Benefit.

The Maximum Days shown in the *Schedule of Benefits* applies to the total of days of intensive, coronary, neonatal or pediatric intensive care and any other days of confinement per [Plan] year, including treatment of mental / nervous disorders or substance abuse treatment.

No benefit will be paid for any period the Covered Person is not confined to a Hospital as an inpatient during a Hospital Stay.

Outpatient Hospital Services

We will pay an Outpatient Hospital Services Benefit for each day, up to the maximum number of days, as shown in the *Schedule of Benefits*, for each day a Covered Person receives Treatment for an injury sustained in a Covered Accident, or for Treatment of a Covered Sickness, provided when he is an Outpatient.

Outpatient Diagnostic Testing Services

We will pay a benefit for Outpatient Diagnostic Testing Services when laboratory tests or x-rays are performed for the purpose of diagnosis of a Covered Accident or Covered Sickness as indicated by symptoms that would suggest an Injury or Sickness has occurred, while the Covered Person is not confined in a Hospital. This benefit is limited to once per Testing Day, not to exceed the Maximum Number of Testing Days per [Plan] Year shown in the *Schedule of Benefits*.

Emergency Room Treatment

We will pay a Hospital Emergency Room Benefit for Treatment provided in an outpatient emergency room of a Hospital or licensed facility, up to the maximum number of visits annually shown in the *Schedule of Benefits*.

Autism Spectrum Disorder -- If the optional "Mental/Nervous Disorder" benefit is chosen, then coverage must be provided for an eligible enrollee/dependent who is older than 2 years of age but less than six years of age who is diagnosed with autism spectrum disorder. Coverage will be provided for all generally recognized services prescribed in relation to autism spectrum disorder by the enrollee's primary care physician in the treatment plan recommended by that physician. Generally recognized services may include evaluation and assessment services, applied behavior analysis, behavior training and behavior management, speech therapy, occupational therapy, physical therapy, or medications or nutritional supplements used to address symptoms of autism spectrum disorder.

[Physician Services

Surgery – If a Covered Person undergoes a surgical procedure listed in the Schedule of Surgical Procedures as a result of a Covered Accident or Sickness, and surgery is performed in a Hospital while confined or on an outpatient basis, Ambulatory Surgical Center, or in the Physician's office, we will pay the benefit shown in the *Schedule of Surgical Procedures*.

A list of common procedures and the maximum amount for each is shown in the *Schedule of Surgical Procedures*.

If two or more procedures are performed through the same incision or operative site, the benefit

paid will be for only the procedure that has the larger benefit. If more than one procedure is performed, but each through a separate incision or in a separate operative field, the amount payable will be the specified amount for the primary procedure plus 50% of the amount payable for all other surgical procedures performed.

With respect to a surgical procedure not listed in the *Schedule of Surgical Procedures*, we will pay an indemnity benefit amount consistent with similar procedures that are listed in the *Schedule of Surgical Procedures*.

[Anesthesia – We will pay a percentage, as shown in the *Schedule of Benefits*, of the surgical benefit for anesthesia and its administration.]

[In-Patient Hospital Visits - We will pay for Inpatient Hospital visits, for a Covered Accident or Covered Sickness, up to the maximum number of visits shown in the *Schedule of Benefits*, for physician services rendered while confined in a Hospital.]

[Office Visits – We will pay the Physician Office Visit Benefit, shown in the *Schedule of Benefits*, for a Physician office visit as a result of a Covered Sickness or Covered Accident, for services rendered in the Hospital Emergency Room for a Covered Sickness and a wellness / physical visit up to the Maximum Number of Office Visits per [Plan] Year shown in the *Schedule of Benefits*].

[Out-Patient Prescription Drugs

We will pay a Benefit for drugs that (a) can only be obtained through a Physician's written prescription; and (b) are approved for such prescription use by the Food and Drug Administration (FDA).

The maximum number of prescriptions available per [Plan] year are shown in the *Schedule of Benefits*.

[Home Health Care

We will pay Covered Expenses Incurred for care and treatment rendered to a Covered Person by a Home Health Care Agency, for the maximum number of days shown in the *Schedule of Benefits* for:

1. part-time nursing care provided or supervised by a registered graduate nurse;
2. part-time Home Health Aide service which consists of caring for the patient;
3. physical, speech and occupational therapies when indicated in conjunction with the Covered Person' approved by His Physician;
4. nutritional counseling; and
5. medical social services by a qualified social worker licensed by the jurisdiction in which services are rendered.]

[Ambulance Services

Benefits are payable for professional transportation furnished by a duly licensed ambulance service to the nearest facility equipped to treat a Person's Covered Accident or Sickness. This does not include transportation solely to the Covered Person's personal Physician, or to secure treatment from a Physician, or a facility of greater renown.-

We will pay Covered Expenses Incurred for Ambulance Service up to the maximum number of

trips shown in the *Schedule of Benefits*.]

[Wellness Service Benefit

We will pay Covered Expenses Incurred for Wellness Services rendered to a Covered Person, up to the maximum number of services shown in the *Schedule of Benefits*. Wellness services are limited to the following services: PAP Smear, PSA or immunization.]

[Wellness Screening Test Benefit

We will pay Covered Expenses Incurred for care and treatment rendered to a Covered Person for wellness screening, up to the maximum number of [tests] [days] shown in the *Schedule of Benefits*. The wellness benefit is limited to the following services: Mammogram, Colonoscopy, Flexible Sigmoidoscope or Bone Density.]

[Limitation for Pre-Existing Conditions

[We will not pay any benefits for treatment of a Covered Person's Pre-Existing Condition until he has been insured under this Policy;

1. If he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. If he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.]

[Until a Covered Person has been insured under this Policy;

1. If he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. If he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.

Payment of any benefits for treatment of a Covered Person's Pre-Existing Condition is limited to [\$100 - \$3,000].]

[We will not pay any benefits for In-Patient Hospital Services, or Physicians Services for Surgery or Anesthesia until a Covered Person has been insured under this Policy;

1. If he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. If he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.]]

Excluded Expenses

The following will not be Covered Expenses under this Indemnity Medical Benefit unless specifically provided elsewhere in this Certificate:

1. treatment that is solely for the purpose of rest care or custodial care and any associated transportation;
2. cosmetic surgery or care, or treatment solely for cosmetic purposes, or complication thereof - this exclusion does not apply to:

- a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
 - b. reconstruction incidental to or following surgery resulting from a covered Accident or Sickness or from trauma, infection or other diseases of the involved part;
 - c. correction of a congenital defect or anomaly that results in a functional defect of a covered dependent child;
 - d. with respect to a mastectomy:
 - i. all stages of reconstruction of the breast on which the mastectomy has been performed;
 - ii. surgery and reconstruction of the other breast to produce a symmetrical appearance; and
 - iii. treatment of physical complications for all stages of the mastectomy, including lymphedema;
3. examinations needed for employment, obtaining insurance or travel;
 4. voluntary abortion, unless:
 - a. the life of the mother would be endangered if the fetus were carried to term; or
 - b. medical complications have arisen from an abortion;
 5. sex change procedures;
 6. reversal of sterilizations;
 7. diagnosis and treatment of infertility;
 8. treatment of exogenous obesity, gastric bypass surgery or weight control unless Medically Necessary;
 9. routine eye examinations or fitting of glasses or contact lenses;
 10. hearing examinations or fitting of hearing aids;
 11. dental examinations or dental care other than expenses resulting from a Covered Accident;
 12. smoking cessation;
 13. suicide or any attempt threat, while sane or insane, or any intentionally self-inflicted injury or Sickness, unless as a result of a medical condition or an act of domestic violence;
 14. participation in a riot, civil commotion, civil disobedience, insurrection or unlawful assembly, unless a loss that occurs while a Covered Person is acting in a lawful manner within the scope of authority;
 15. committing, attempting to commit, or taking part in a felony or assault;
 16. participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee jumping, mountain climbing, spelunking or hang gliding;
 17. air travel, except:
 - a. as a fare-paying passenger on a commercial airline on a regularly scheduled route
 - b. on a charter flight operated by a scheduled airline; or

- c. as a passenger for transportation only and not as a pilot or crew member;
- 18. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which a Covered Accident occurred;
- 19. any treatment for an accident or sickness resulting from the use of a controlled substance by a Covered Person that is not provided by or at the direction of a Physician;
- 20. an act of war, whether declared or undeclared, or while performing police duty as member of any military or naval organization. This exclusion includes a Covered Accident occurring or Sickness contracted while in the service of any military, naval or air force of any country engaged in war (the Company will refund the pro rata unearned premium for any such period the Covered Person is not covered);
- 21. an accident or sickness arising out of and in the course of any occupation for compensation, wage or profit or expenses which are payable under Workers' Compensation, Occupational Disease or similar law, whether or not application for such benefits has been made;
- 22. any treatment received or expenses incurred during a period of time that insurance for a Covered Person is not in force;
- 23. any treatment received or expenses incurred after this Policy has terminated;
- 24. any service, supply or treatment that is not provided by or at the direction of a Physician;
- 25. treatment of any accident or sickness outside the United States or Canada;
- 26. transportation except as provided for in Ambulance Services;
- 27. benefits for services or treatment rendered by any person who is:
 - a. employed or retained by the Policyholder;
 - b. living in the Covered Person's household;
 - c. a parent, sibling, spouse or child of a Covered Employee or of His spouse; or
 - d. a Covered Person treating himself; or
- [28. the treatment of:
 - a. mental illness;
 - b. functional or organic nervous disorder, regardless of cause;
 - c. alcohol abuse;
 - d. drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed.]

SCHEDULE OF SURGICAL PROCEDURES [- \$500 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$7
10061	I&D of Abscess, Complex	\$16
19000	Puncture Aspiration of cyst of Breast	\$8
19120	Removal of Breast Lesion	\$46
19180	Mastectomy, Simple	\$77

19240	Removal of Breast	\$115
20550	Injection; Single Tendon Sheath or Ligament	\$6
20600	Drain/Inject Joint/Bursa	\$6
20605	Drain/Inject Joint/Bursa	\$6
22554	Neck Spine Fusion	\$250
23500	Closed tx, clavicle fracture	\$19
25560	Closed tx, radius fracture	\$36
27230	Closed tx, femur fracture.	\$55
27816	Closed tx, ankle fracture	\$39
28415	Closed tx, humerus fracture	\$122
29580	Application of Paste Boot	\$5
35301	Re-channeling of Artery	\$183
36415	Drawing blood	\$1
36489	Insertion of Catheter, Vein	\$16
36533	Insertion of Access Port	\$59
38562	Removal, Pelvic Lymph Nodes	\$122
38770	Remove Pelvis Lymph Nodes	\$148
38780	Remove Abdomen Lymph Nodes	\$244
44005	Freeing of Bowel Adhesion	\$99
44140	Partial Removal of Colon	\$142
44950	Appendectomy	\$122
44970	Laparoscopy surgical appendectomy	\$122
45378	Diagnostic Colonoscopy	\$42
45560	Repair of Rectocele	\$47
46255	Hemorrhoidectomy, internal and external	\$56
47600	Cholecystectomy	\$130
49000	Exploration of Abdomen	\$87
49320	Laparoscopy, diagnostic	\$62
49505	Repair Inguinal Hernia	\$71
49560	Repair Abdominal Hernia	\$86
50590	Lithotripsy, extracorporeal shock wave	\$166
51840	Bladder repair/vesical neck	\$120
52612	TURP	\$120
55810	Prostatectomy, perineal radical	\$206
57240	Repair Bladder & Vagina	\$68
57280	Suspension of Vagina	\$106
57282	Repair of Vaginal Prolapse	\$106

58150	Total Hysterectomy	\$125
58260	Vaginal Hysterectomy	\$121
58400	Suspension of Uterus	\$82
58600	Division of fallopian tube	\$58
58700	Removal of fallopian tube	\$126
58720	Removal of ovary/tube(s)	\$89
58740	Revise Fallopian Tube(s)	\$93
58750	Repair Oviduct	\$152
58770	Create New Tubal Opening	\$133
58925	Removal of ovarian cyst(s)	\$68
58940	Removal of ovary(s)	\$68
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$95
59150	Treat Ectopic Pregnancy	\$95
59400	Obstetrical Care	\$124
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$65
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$122
59510	Cesarean delivery	\$153
59851	Abortion	\$72
61154	Pierce Skull, Remove Clot	\$197
61312	Open Skull for Drainage	\$250
62284	Injection for Myelogram	\$32
63030	Low Back Disk Surgery	\$224
63035	Added Spinal Disk Surgery	\$73
63047	Removal of Spinal Lamina	\$250
63048	Removal of Spinal Lamina	\$88
63075	Neck Spine Disk Surgery	\$231
64721	Carpal Tunnel Surgery	\$72
65855	Laser Surgery of Eye	\$69
66170	Glaucoma Surgery	\$93
66761	Revision of Iris	\$55
66984	Remove Cataract, Insert Lens	\$133
67210	Treatment of Retinal Lesion	\$71
67820	Revise Eyelashes	\$7
67840	Remove Eyelid Lesion	\$18
68761	Close Tear Duct Opening	\$11]

SCHEDULE OF SURGICAL PROCEDURES [- \$750 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$21
10061	I&D of Abscess, Complex	\$48
19000	Puncture Aspiration of cyst of Breast	\$24
19120	Removal of Breast Lesion	\$138
19180	Mastectomy, Simple	\$231
19240	Removal of Breast	\$345
20550	Injection; Single Tendon Sheath or Ligament	\$18
20600	Drain/Inject Joint/Bursa	\$18
20605	Drain/Inject Joint/Bursa	\$18
22554	Neck Spine Fusion	\$750
23500	Closed tx, clavicle fracture	\$57
25560	Closed tx, radius fracture	\$108
27230	Closed tx, femur fracture.	\$165
27816	Closed tx, ankle fracture	\$117
28415	Closed tx, humerus fracture	\$366
29580	Application of Paste Boot	\$15
35301	Re-channeling of Artery	\$549
36415	Drawing blood	\$3
36489	Insertion of Catheter, Vein	\$48
36533	Insertion of Access Port	\$177
38562	Removal, Pelvic Lymph Nodes	\$366
38770	Remove Pelvis Lymph Nodes	\$444
38780	Remove Abdomen Lymph Nodes	\$732
44005	Freeing of Bowel Adhesion	\$297
44140	Partial Removal of Colon	\$426
44950	Appendectomy	\$216
44970	Laparoscopy surgical appendectomy	\$216
45378	Diagnostic Colonoscopy	\$126
45560	Repair of Rectocele	\$141
46255	Hemorrhoidectomy, internal and external	\$168
47600	Cholecystectomy	\$390
49000	Exploration of Abdomen	\$261
49320	Laparoscopy, diagnostic	\$186
49505	Repair Inguinal Hernia	\$213

49560	Repair Abdominal Hernia	\$258
50590	Lithotripsy, extracorporeal shock wave	\$498
51840	Bladder repair/vesical neck	\$360
52612	TURP	\$330
55810	Prostatectomy, perineal radical	\$618
57240	Repair Bladder & Vagina	\$204
57280	Suspension of Vagina	\$318
57282	Repair of Vaginal Prolapse	\$318
58150	Total Hysterectomy	\$375
58260	Vaginal Hysterectomy	\$363
58400	Suspension of Uterus	\$246
58600	Division of fallopian tube	\$174
58700	Removal of fallopian tube	\$228
58720	Removal of ovary/tube(s)	\$267
58740	Revise Fallopian Tube(s)	\$279
58750	Repair Oviduct	\$456
58770	Create New Tubal Opening	\$399
58925	Removal of ovarian cyst(s)	\$204
58940	Removal of ovary(s)	\$204
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$285
59150	Treat Ectopic Pregnancy	\$285
59400	Obstetrical Care	\$372
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$195
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$216
59510	Cesarean delivery	\$459
59851	Abortion	\$216
61154	Pierce Skull, Remove Clot	\$591
61312	Open Skull for Drainage	\$750
62284	Injection for Myelogram	\$96
63030	Low Back Disk Surgery	\$672
63035	Added Spinal Disk Surgery	\$219
63047	Removal of Spinal Lamina	\$750
63048	Removal of Spinal Lamina	\$264
63075	Neck Spine Disk Surgery	\$693
64721	Carpal Tunnel Surgery	\$216
65855	Laser Surgery of Eye	\$207
66170	Glaucoma Surgery	\$279

66761	Revision of Iris	\$165
66984	Remove Cataract, Insert Lens	\$399
67210	Treatment of Retinal Lesion	\$213
67820	Revise Eyelashes	\$21
67840	Remove Eyelid Lesion	\$54
68761	Close Tear Duct Opening	\$33]

SCHEDULE OF SURGICAL PROCEDURES [- \$1000 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$28
10061	I&D of Abscess, Complex	\$64
19000	Puncture Aspiration of cyst of Breast	\$32
19120	Removal of Breast Lesion	\$184
19180	Mastectomy, Simple	\$308
19240	Removal of Breast	\$460
20550	Injection; Single Tendon Sheath or Ligament	\$24
20600	Drain/Inject Joint/Bursa	\$24
20605	Drain/Inject Joint/Bursa	\$24
22554	Neck Spine Fusion	\$1,000
23500	Closed tx, clavicle fracture	\$76
25560	Closed tx, radius fracture	\$144
27230	Closed tx, femur fracture.	\$220
27816	Closed tx, ankle fracture	\$156
28415	Closed tx, humerus fracture	\$488
29580	Application of Paste Boot	\$20
35301	Re-channeling of Artery	\$732
36415	Drawing blood	\$4
36489	Insertion of Catheter, Vein	\$64
36533	Insertion of Access Port	\$236
38562	Removal, Pelvic Lymph Nodes	\$488
38770	Remove Pelvis Lymph Nodes	\$592
38780	Remove Abdomen Lymph Nodes	\$976
44005	Freeing of Bowel Adhesion	\$396
44140	Partial Removal of Colon	\$568
44950	Appendectomy	\$288
44970	Laparoscopy surgical appendectomy	\$288
45378	Diagnostic Colonoscopy	\$168

45560	Repair of Rectocele	\$188
46255	Hemorrhoidectomy, internal and external	\$224
47600	Cholecystectomy	\$520
49000	Exploration of Abdomen	\$348
49320	Laparoscopy, diagnostic	\$248
49505	Repair Inguinal Hernia	\$284
49560	Repair Abdominal Hernia	\$344
50590	Lithotripsy, extracorporeal shock wave	\$664
51840	Bladder repair/vesical neck	\$480
52612	TURP	\$440
55810	Prostatectomy, perineal radical	\$824
57240	Repair Bladder & Vagina	\$272
57280	Suspension of Vagina	\$424
57282	Repair of Vaginal Prolapse	\$424
58150	Total Hysterectomy	\$500
58260	Vaginal Hysterectomy	\$484
58400	Suspension of Uterus	\$328
58600	Division of fallopian tube	\$232
58700	Removal of fallopian tube	\$304
58720	Removal of ovary/tube(s)	\$356
58740	Revise Fallopian Tube(s)	\$372
58750	Repair Oviduct	\$608
58770	Create New Tubal Opening	\$532
58925	Removal of ovarian cyst(s)	\$272
58940	Removal of ovary(s)	\$272
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$380
59150	Treat Ectopic Pregnancy	\$380
59400	Obstetrical Care	\$496
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$260
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$288
59510	Cesarean delivery	\$612
59851	Abortion	\$288
61154	Pierce Skull, Remove Clot	\$788
61312	Open Skull for Drainage	\$1,000
62284	Injection for Myelogram	\$128
63030	Low Back Disk Surgery	\$896
63035	Added Spinal Disk Surgery	\$292

63047	Removal of Spinal Lamina	\$1,000
63048	Removal of Spinal Lamina	\$352
63075	Neck Spine Disk Surgery	\$924
64721	Carpal Tunnel Surgery	\$288
65855	Laser Surgery of Eye	\$276
66170	Glaucoma Surgery	\$372
66761	Revision of Iris	\$220
66984	Remove Cataract, Insert Lens	\$532
67210	Treatment of Retinal Lesion	\$284
67820	Revise Eyelashes	\$28
67840	Remove Eyelid Lesion	\$72
68761	Close Tear Duct Opening	\$44]

SCHEDULE OF SURGICAL PROCEDURES [- \$1500 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$42
10061	I&D of Abscess, Complex	\$96
19000	Puncture Aspiration of cyst of Breast	\$48
19120	Removal of Breast Lesion	\$276
19180	Mastectomy, Simple	\$462
19240	Removal of Breast	\$690
20550	Injection; Single Tendon Sheath or Ligament	\$36
20600	Drain/Inject Joint/Bursa	\$36
20605	Drain/Inject Joint/Bursa	\$36
22554	Neck Spine Fusion	\$1,500
23500	Closed tx, clavicle fracture	\$114
25560	Closed tx, radius fracture	\$216
27230	Closed tx, femur fracture.	\$330
27816	Closed tx, ankle fracture	\$234
28415	Closed tx, humerus fracture	\$732
29580	Application of Paste Boot	\$30
35301	Re-channeling of Artery	\$1,098
36415	Drawing blood	\$6
36489	Insertion of Catheter, Vein	\$96
36533	Insertion of Access Port	\$354
38562	Removal, Pelvic Lymph Nodes	\$732
38770	Remove Pelvis Lymph Nodes	\$888

38780	Remove Abdomen Lymph Nodes	\$1,464
44005	Freeing of Bowel Adhesion	\$594
44140	Partial Removal of Colon	\$852
44950	Appendectomy	\$432
44970	Laparoscopy surgical appendectomy	\$432
45378	Diagnostic Colonoscopy	\$252
45560	Repair of Rectocele	\$282
46255	Hemorrhoidectomy, internal and external	\$336
47600	Cholecystectomy	\$780
49000	Exploration of Abdomen	\$522
49320	Laparoscopy, diagnostic	\$372
49505	Repair Inguinal Hernia	\$426
49560	Repair Abdominal Hernia	\$516
50590	Lithotripsy, extracorporeal shock wave	\$996
51840	Bladder repair/vesical neck	\$720
52612	TURP	\$660
55810	Prostatectomy, perineal radical	\$1,236
57240	Repair Bladder & Vagina	\$408
57280	Suspension of Vagina	\$636
57282	Repair of Vaginal Prolapse	\$636
58150	Total Hysterectomy	\$750
58260	Vaginal Hysterectomy	\$726
58400	Suspension of Uterus	\$492
58600	Division of fallopian tube	\$348
58700	Removal of fallopian tube	\$456
58720	Removal of ovary/tube(s)	\$534
58740	Revise Fallopian Tube(s)	\$558
58750	Repair Oviduct	\$912
58770	Create New Tubal Opening	\$798
58925	Removal of ovarian cyst(s)	\$408
58940	Removal of ovary(s)	\$408
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$570
59150	Treat Ectopic Pregnancy	\$570
59400	Obstetrical Care	\$744
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$390
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$432
59510	Cesarean delivery	\$918

59851	Abortion	\$432
61154	Pierce Skull, Remove Clot	\$1,182
61312	Open Skull for Drainage	\$1,500
62284	Injection for Myelogram	\$192
63030	Low Back Disk Surgery	\$1,344
63035	Added Spinal Disk Surgery	\$438
63047	Removal of Spinal Lamina	\$1,500
63048	Removal of Spinal Lamina	\$528
63075	Neck Spine Disk Surgery	\$1,386
64721	Carpal Tunnel Surgery	\$432
65855	Laser Surgery of Eye	\$414
66170	Glaucoma Surgery	\$558
66761	Revision of Iris	\$330
66984	Remove Cataract, Insert Lens	\$798
67210	Treatment of Retinal Lesion	\$426
67820	Revise Eyelashes	\$42
67840	Remove Eyelid Lesion	\$108
68761	Close Tear Duct Opening	\$66]

SCHEDULE OF SURGICAL PROCEDURES [- \$2000 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$56
10061	I&D of Abscess, Complex	\$128
19000	Puncture Aspiration of cyst of Breast	\$64
19120	Removal of Breast Lesion	\$368
19180	Mastectomy, Simple	\$616
19240	Removal of Breast	\$920
20550	Injection; Single Tendon Sheath or Ligament	\$48
20600	Drain/Inject Joint/Bursa	\$48
20605	Drain/Inject Joint/Bursa	\$48
22554	Neck Spine Fusion	\$2,000
23500	Closed tx, clavicle fracture	\$152
25560	Closed tx, radius fracture	\$288
27230	Closed tx, femur fracture.	\$440
27816	Closed tx, ankle fracture	\$312
28415	Closed tx, humerus fracture	\$976
29580	Application of Paste Boot	\$40

35301	Re-channeling of Artery	\$1,464
36415	Drawing blood	\$8
36489	Insertion of Catheter, Vein	\$128
36533	Insertion of Access Port	\$472
38562	Removal, Pelvic Lymph Nodes	\$976
38770	Remove Pelvis Lymph Nodes	\$1,184
38780	Remove Abdomen Lymph Nodes	\$1,952
44005	Freeing of Bowel Adhesion	\$792
44140	Partial Removal of Colon	\$1,136
44950	Appendectomy	\$576
44970	Laparoscopy surgical appendectomy	\$576
45378	Diagnostic Colonoscopy	\$336
45560	Repair of Rectocele	\$376
46255	Hemorrhoidectomy, internal and external	\$448
47600	Cholecystectomy	\$1,040
49000	Exploration of Abdomen	\$696
49320	Laparoscopy, diagnostic	\$496
49505	Repair Inguinal Hernia	\$568
49560	Repair Abdominal Hernia	\$688
50590	Lithotripsy, extracorporeal shock wave	\$1,328
51840	Bladder repair/vesical neck	\$960
52612	TURP	\$880
55810	Prostatectomy, perineal radical	\$1,648
57240	Repair Bladder & Vagina	\$544
57280	Suspension of Vagina	\$848
57282	Repair of Vaginal Prolapse	\$848
58150	Total Hysterectomy	\$1,000
58260	Vaginal Hysterectomy	\$968
58400	Suspension of Uterus	\$656
58600	Division of fallopian tube	\$464
58700	Removal of fallopian tube	\$608
58720	Removal of ovary/tube(s)	\$712
58740	Revise Fallopian Tube(s)	\$744
58750	Repair Oviduct	\$1,216
58770	Create New Tubal Opening	\$1,064
58925	Removal of ovarian cyst(s)	\$544
58940	Removal of ovary(s)	\$544

59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$760
59150	Treat Ectopic Pregnancy	\$760
59400	Obstetrical Care	\$992
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$520
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$576
59510	Cesarean delivery	\$1,224
59851	Abortion	\$576
61154	Pierce Skull, Remove Clot	\$1,576
61312	Open Skull for Drainage	\$2,000
62284	Injection for Myelogram	\$256
63030	Low Back Disk Surgery	\$1,792
63035	Added Spinal Disk Surgery	\$584
63047	Removal of Spinal Lamina	\$2,000
63048	Removal of Spinal Lamina	\$704
63075	Neck Spine Disk Surgery	\$1,848
64721	Carpal Tunnel Surgery	\$576
65855	Laser Surgery of Eye	\$552
66170	Glaucoma Surgery	\$744
66761	Revision of Iris	\$440
66984	Remove Cataract, Insert Lens	\$1,064
67210	Treatment of Retinal Lesion	\$568
67820	Revise Eyelashes	\$56
67840	Remove Eyelid Lesion	\$144
68761	Close Tear Duct Opening	\$88]

SCHEDULE OF SURGICAL PROCEDURES [- \$2500 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$70
10061	I&D of Abscess, Complex	\$160
19000	Puncture Aspiration of cyst of Breast	\$80
19120	Removal of Breast Lesion	\$460
19180	Mastectomy, Simple	\$770
19240	Removal of Breast	\$1,150
20550	Injection; Single Tendon Sheath or Ligament	\$60
20600	Drain/Inject Joint/Bursa	\$60
20605	Drain/Inject Joint/Bursa	\$60

22554	Neck Spine Fusion	\$2,500
23500	Closed tx, clavicle fracture	\$190
25560	Closed tx, radius fracture	\$360
27230	Closed tx, femur fracture.	\$550
27816	Closed tx, ankle fracture	\$390
28415	Closed tx, humerus fracture	\$1,220
29580	Application of Paste Boot	\$50
35301	Re-channeling of Artery	\$1,830
36415	Drawing blood	\$10
36489	Insertion of Catheter, Vein	\$160
36533	Insertion of Access Port	\$590
38562	Removal, Pelvic Lymph Nodes	\$1,220
38770	Remove Pelvis Lymph Nodes	\$1,480
38780	Remove Abdomen Lymph Nodes	\$2,440
44005	Freeing of Bowel Adhesion	\$990
44140	Partial Removal of Colon	\$1,420
44950	Appendectomy	\$720
44970	Laparoscopy surgical appendectomy	\$720
45378	Diagnostic Colonoscopy	\$420
45560	Repair of Rectocele	\$470
46255	Hemorrhoidectomy, internal and external	\$560
47600	Cholecystectomy	\$1,300
49000	Exploration of Abdomen	\$870
49320	Laparoscopy, diagnostic	\$620
49505	Repair Inguinal Hernia	\$710
49560	Repair Abdominal Hernia	\$860
50590	Lithotripsy, extracorporeal shock wave	\$1,660
51840	Bladder repair/vesical neck	\$1,200
52612	TURP	\$1,100
55810	Prostatectomy, perineal radical	\$2,060
57240	Repair Bladder & Vagina	\$680
57280	Suspension of Vagina	\$1,060
57282	Repair of Vaginal Prolapse	\$1,060
58150	Total Hysterectomy	\$1,250
58260	Vaginal Hysterectomy	\$1,210
58400	Suspension of Uterus	\$820
58600	Division of fallopian tube	\$580

58700	Removal of fallopian tube	\$760
58720	Removal of ovary/tube(s)	\$890
58740	Revise Fallopian Tube(s)	\$930
58750	Repair Oviduct	\$1,520
58770	Create New Tubal Opening	\$1,330
58925	Removal of ovarian cyst(s)	\$680
58940	Removal of ovary(s)	\$680
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$950
59150	Treat Ectopic Pregnancy	\$950
59400	Obstetrical Care	\$1,240
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$650
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$720
59510	Cesarean delivery	\$1,530
59851	Abortion	\$720
61154	Pierce Skull, Remove Clot	\$1,970
61312	Open Skull for Drainage	\$2,500
62284	Injection for Myelogram	\$320
63030	Low Back Disk Surgery	\$2,240
63035	Added Spinal Disk Surgery	\$730
63047	Removal of Spinal Lamina	\$2,500
63048	Removal of Spinal Lamina	\$880
63075	Neck Spine Disk Surgery	\$2,310
64721	Carpal Tunnel Surgery	\$720
65855	Laser Surgery of Eye	\$690
66170	Glaucoma Surgery	\$930
66761	Revision of Iris	\$550
66984	Remove Cataract, Insert Lens	\$1,330
67210	Treatment of Retinal Lesion	\$710
67820	Revise Eyelashes	\$70
67840	Remove Eyelid Lesion	\$180
68761	Close Tear Duct Opening	\$110]

SCHEDULE OF SURGICAL PROCEDURES [- \$3000 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$84
10061	I&D of Abscess, Complex	\$192

19000	Puncture Aspiration of cyst of Breast	\$96
19120	Removal of Breast Lesion	\$552
19180	Mastectomy, Simple	\$924
19240	Removal of Breast	\$1,380
20550	Injection; Single Tendon Sheath or Ligament	\$72
20600	Drain/Inject Joint/Bursa	\$72
20605	Drain/Inject Joint/Bursa	\$72
22554	Neck Spine Fusion	\$3,000
23500	Closed tx, clavicle fracture	\$228
25560	Closed tx, radius fracture	\$432
27230	Closed tx, femur fracture.	\$660
27816	Closed tx, ankle fracture	\$468
28415	Closed tx, humerus fracture	\$1,464
29580	Application of Paste Boot	\$60
35301	Re-channeling of Artery	\$2,196
36415	Drawing blood	\$12
36489	Insertion of Catheter, Vein	\$192
36533	Insertion of Access Port	\$708
38562	Removal, Pelvic Lymph Nodes	\$1,464
38770	Remove Pelvis Lymph Nodes	\$1,776
38780	Remove Abdomen Lymph Nodes	\$2,928
44005	Freeing of Bowel Adhesion	\$1,188
44140	Partial Removal of Colon	\$1,704
44950	Appendectomy	\$864
44970	Laparoscopy surgical appendectomy	\$864
45378	Diagnostic Colonoscopy	\$504
45560	Repair of Rectocele	\$564
46255	Hemorrhoidectomy, internal and external	\$672
47600	Cholecystectomy	\$1,560
49000	Exploration of Abdomen	\$1,044
49320	Laparoscopy, diagnostic	\$744
49505	Repair Inguinal Hernia	\$852
49560	Repair Abdominal Hernia	\$1,032
50590	Lithotripsy, extracorporeal shock wave	\$1,992
51840	Bladder repair/vesical neck	\$1,440
52612	TURP	\$1,320
55810	Prostatectomy, perineal radical	\$2,472

57240	Repair Bladder & Vagina	\$816
57280	Suspension of Vagina	\$1,272
57282	Repair of Vaginal Prolapse	\$1,272
58150	Total Hysterectomy	\$1,500
58260	Vaginal Hysterectomy	\$1,452
58400	Suspension of Uterus	\$984
58600	Division of fallopian tube	\$696
58700	Removal of fallopian tube	\$912
58720	Removal of ovary/tube(s)	\$1,068
58740	Revise Fallopian Tube(s)	\$1,116
58750	Repair Oviduct	\$1,824
58770	Create New Tubal Opening	\$1,596
58925	Removal of ovarian cyst(s)	\$816
58940	Removal of ovary(s)	\$816
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,140
59150	Treat Ectopic Pregnancy	\$1,140
59400	Obstetrical Care	\$1,488
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$780
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$864
59510	Cesarean delivery	\$1,836
59851	Abortion	\$864
61154	Pierce Skull, Remove Clot	\$2,364
61312	Open Skull for Drainage	\$3,000
62284	Injection for Myelogram	\$384
63030	Low Back Disk Surgery	\$2,688
63035	Added Spinal Disk Surgery	\$876
63047	Removal of Spinal Lamina	\$3,000
63048	Removal of Spinal Lamina	\$1,056
63075	Neck Spine Disk Surgery	\$2,772
64721	Carpal Tunnel Surgery	\$864
65855	Laser Surgery of Eye	\$828
66170	Glaucoma Surgery	\$1,116
66761	Revision of Iris	\$660
66984	Remove Cataract, Insert Lens	\$1,596
67210	Treatment of Retinal Lesion	\$852
67820	Revise Eyelashes	\$84
67840	Remove Eyelid Lesion	\$216

68761 Close Tear Duct Opening \$132]

SCHEDULE OF SURGICAL PROCEDURES [- \$3500 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$98
10061	I&D of Abscess, Complex	\$224
19000	Puncture Aspiration of cyst of Breast	\$112
19120	Removal of Breast Lesion	\$644
19180	Mastectomy, Simple	\$1,078
19240	Removal of Breast	\$1,610
20550	Injection; Single Tendon Sheath or Ligament	\$84
20600	Drain/Inject Joint/Bursa	\$84
20605	Drain/Inject Joint/Bursa	\$84
22554	Neck Spine Fusion	\$3,500
23500	Closed tx, clavicle fracture	\$266
25560	Closed tx, radius fracture	\$504
27230	Closed tx, femur fracture.	\$770
27816	Closed tx, ankle fracture	\$546
28415	Closed tx, humerus fracture	\$1,708
29580	Application of Paste Boot	\$70
35301	Re-channeling of Artery	\$2,562
36415	Drawing blood	\$14
36489	Insertion of Catheter, Vein	\$224
36533	Insertion of Access Port	\$826
38562	Removal, Pelvic Lymph Nodes	\$1,708
38770	Remove Pelvis Lymph Nodes	\$2,072
38780	Remove Abdomen Lymph Nodes	\$3,416
44005	Freeing of Bowel Adhesion	\$1,386
44140	Partial Removal of Colon	\$1,988
44950	Appendectomy	\$1,008
44970	Laparoscopy surgical appendectomy	\$1,008
45378	Diagnostic Colonoscopy	\$588
45560	Repair of Rectocele	\$658
46255	Hemorrhoidectomy, internal and external	\$784
47600	Cholecystectomy	\$1,820
49000	Exploration of Abdomen	\$1,218
49320	Laparoscopy, diagnostic	\$868

49505	Repair Inguinal Hernia	\$994
49560	Repair Abdominal Hernia	\$1,204
50590	Lithotripsy, extracorporeal shock wave	\$2,324
51840	Bladder repair/vesical neck	\$1,680
52612	TURP	\$1,540
55810	Prostatectomy, perineal radical	\$2,884
57240	Repair Bladder & Vagina	\$952
57280	Suspension of Vagina	\$1,484
57282	Repair of Vaginal Prolapse	\$1,484
58150	Total Hysterectomy	\$1,750
58260	Vaginal Hysterectomy	\$1,694
58400	Suspension of Uterus	\$1,148
58600	Division of fallopian tube	\$812
58700	Removal of fallopian tube	\$1,064
58720	Removal of ovary/tube(s)	\$1,246
58740	Revise Fallopian Tube(s)	\$1,302
58750	Repair Oviduct	\$2,128
58770	Create New Tubal Opening	\$1,862
58925	Removal of ovarian cyst(s)	\$952
58940	Removal of ovary(s)	\$952
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,330
59150	Treat Ectopic Pregnancy	\$1,330
59400	Obstetrical Care	\$1,736
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$910
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$1,008
59510	Cesarean delivery	\$2,142
59851	Abortion	\$1,008
61154	Pierce Skull, Remove Clot	\$2,758
61312	Open Skull for Drainage	\$3,500
62284	Injection for Myelogram	\$448
63030	Low Back Disk Surgery	\$3,136
63035	Added Spinal Disk Surgery	\$1,022
63047	Removal of Spinal Lamina	\$3,500
63048	Removal of Spinal Lamina	\$1,232
63075	Neck Spine Disk Surgery	\$3,234
64721	Carpal Tunnel Surgery	\$1,008
65855	Laser Surgery of Eye	\$966

66170	Glaucoma Surgery	\$1,302
66761	Revision of Iris	\$770
66984	Remove Cataract, Insert Lens	\$1,862
67210	Treatment of Retinal Lesion	\$994
67820	Revise Eyelashes	\$98
67840	Remove Eyelid Lesion	\$252
68761	Close Tear Duct Opening	\$154]

SCHEDULE OF SURGICAL PROCEDURES [- \$4000 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$112
10061	I&D of Abscess, Complex	\$256
19000	Puncture Aspiration of cyst of Breast	\$128
19120	Removal of Breast Lesion	\$736
19180	Mastectomy, Simple	\$1,232
19240	Removal of Breast	\$1,840
20550	Injection; Single Tendon Sheath or Ligament	\$96
20600	Drain/Inject Joint/Bursa	\$96
20605	Drain/Inject Joint/Bursa	\$96
22554	Neck Spine Fusion	\$4,000
23500	Closed tx, clavicle fracture	\$304
25560	Closed tx, radius fracture	\$576
27230	Closed tx, femur fracture.	\$880
27816	Closed tx, ankle fracture	\$624
28415	Closed tx, humerus fracture	\$1,952
29580	Application of Paste Boot	\$80
35301	Re-channeling of Artery	\$2,928
36415	Drawing blood	\$16
36489	Insertion of Catheter, Vein	\$256
36533	Insertion of Access Port	\$944
38562	Removal, Pelvic Lymph Nodes	\$1,952
38770	Remove Pelvis Lymph Nodes	\$2,368
38780	Remove Abdomen Lymph Nodes	\$3,904
44005	Freeing of Bowel Adhesion	\$1,584
44140	Partial Removal of Colon	\$2,272
44950	Appendectomy	\$1,152
44970	Laparoscopy surgical appendectomy	\$1,152

45378	Diagnostic Colonoscopy	\$672
45560	Repair of Rectocele	\$752
46255	Hemorrhoidectomy, internal and external	\$896
47600	Cholecystectomy	\$2,080
49000	Exploration of Abdomen	\$1,392
49320	Laparoscopy, diagnostic	\$992
49505	Repair Inguinal Hernia	\$1,136
49560	Repair Abdominal Hernia	\$1,376
50590	Lithotripsy, extracorporeal shock wave	\$2,656
51840	Bladder repair/vesical neck	\$1,920
52612	TURP	\$1,760
55810	Prostatectomy, perineal radical	\$3,296
57240	Repair Bladder & Vagina	\$1,088
57280	Suspension of Vagina	\$1,696
57282	Repair of Vaginal Prolapse	\$1,696
58150	Total Hysterectomy	\$2,000
58260	Vaginal Hysterectomy	\$1,936
58400	Suspension of Uterus	\$1,312
58600	Division of fallopian tube	\$928
58700	Removal of fallopian tube	\$1,216
58720	Removal of ovary/tube(s)	\$1,424
58740	Revise Fallopian Tube(s)	\$1,488
58750	Repair Oviduct	\$2,432
58770	Create New Tubal Opening	\$2,128
58925	Removal of ovarian cyst(s)	\$1,088
58940	Removal of ovary(s)	\$1,088
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,520
59150	Treat Ectopic Pregnancy	\$1,520
59400	Obstetrical Care	\$1,984
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$1,040
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$1,152
59510	Cesarean delivery	\$2,448
59851	Abortion	\$1,152
61154	Pierce Skull, Remove Clot	\$3,152
61312	Open Skull for Drainage	\$4,000
62284	Injection for Myelogram	\$512
63030	Low Back Disk Surgery	\$3,584

63035	Added Spinal Disk Surgery	\$1,168
63047	Removal of Spinal Lamina	\$4,000
63048	Removal of Spinal Lamina	\$1,408
63075	Neck Spine Disk Surgery	\$3,696
64721	Carpal Tunnel Surgery	\$1,152
65855	Laser Surgery of Eye	\$1,104
66170	Glaucoma Surgery	\$1,488
66761	Revision of Iris	\$880
66984	Remove Cataract, Insert Lens	\$2,128
67210	Treatment of Retinal Lesion	\$1,136
67820	Revise Eyelashes	\$112
67840	Remove Eyelid Lesion	\$288
68761	Close Tear Duct Opening	\$176]

SCHEDULE OF SURGICAL PROCEDURES [- \$5000 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$140
10061	I&D of Abscess, Complex	\$320
19000	Puncture Aspiration of cyst of Breast	\$160
19120	Removal of Breast Lesion	\$920
19180	Mastectomy, Simple	\$1,540
19240	Removal of Breast	\$2,300
20550	Injection; Single Tendon Sheath or Ligament	\$120
20600	Drain/Inject Joint/Bursa	\$120
20605	Drain/Inject Joint/Bursa	\$120
22554	Neck Spine Fusion	\$5,000
23500	Closed tx, clavicle fracture	\$380
25560	Closed tx, radius fracture	\$720
27230	Closed tx, femur fracture.	\$1,100
27816	Closed tx, ankle fracture	\$780
28415	Closed tx, humerus fracture	\$2,440
29580	Application of Paste Boot	\$100
35301	Re-channeling of Artery	\$3,660
36415	Drawing blood	\$20
36489	Insertion of Catheter, Vein	\$320
36533	Insertion of Access Port	\$1,180
38562	Removal, Pelvic Lymph Nodes	\$2,440

38770	Remove Pelvis Lymph Nodes	\$2,960
38780	Remove Abdomen Lymph Nodes	\$4,880
44005	Freeing of Bowel Adhesion	\$1,980
44140	Partial Removal of Colon	\$2,840
44950	Appendectomy	\$1,440
44970	Laparoscopy surgical appendectomy	\$1,440
45378	Diagnostic Colonoscopy	\$840
45560	Repair of Rectocele	\$940
46255	Hemorrhoidectomy, internal and external	\$1,120
47600	Cholecystectomy	\$2,600
49000	Exploration of Abdomen	\$1,740
49320	Laparoscopy, diagnostic	\$1,240
49505	Repair Inguinal Hernia	\$1,420
49560	Repair Abdominal Hernia	\$1,720
50590	Lithotripsy, extracorporeal shock wave	\$3,320
51840	Bladder repair/vesical neck	\$2,400
52612	TURP	\$2,200
55810	Prostatectomy, perineal radical	\$4,120
57240	Repair Bladder & Vagina	\$1,360
57280	Suspension of Vagina	\$2,120
57282	Repair of Vaginal Prolapse	\$2,120
58150	Total Hysterectomy	\$2,500
58260	Vaginal Hysterectomy	\$2,420
58400	Suspension of Uterus	\$1,640
58600	Division of fallopian tube	\$1,160
58700	Removal of fallopian tube	\$1,520
58720	Removal of ovary/tube(s)	\$1,780
58740	Revise Fallopian Tube(s)	\$1,860
58750	Repair Oviduct	\$3,040
58770	Create New Tubal Opening	\$2,660
58925	Removal of ovarian cyst(s)	\$1,360
58940	Removal of ovary(s)	\$1,360
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,900
59150	Treat Ectopic Pregnancy	\$1,900
59400	Obstetrical Care	\$2,480
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$1,300
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$1,440

59510	Cesarean delivery	\$3,060
59851	Abortion	\$1,440
61154	Pierce Skull, Remove Clot	\$3,940
61312	Open Skull for Drainage	\$5,000
62284	Injection for Myelogram	\$640
63030	Low Back Disk Surgery	\$4,480
63035	Added Spinal Disk Surgery	\$1,460
63047	Removal of Spinal Lamina	\$5,000
63048	Removal of Spinal Lamina	\$1,760
63075	Neck Spine Disk Surgery	\$4,620
64721	Carpal Tunnel Surgery	\$1,440
65855	Laser Surgery of Eye	\$1,380
66170	Glaucoma Surgery	\$1,860
66761	Revision of Iris	\$1,100
66984	Remove Cataract, Insert Lens	\$2,660
67210	Treatment of Retinal Lesion	\$1,420
67820	Revise Eyelashes	\$140
67840	Remove Eyelid Lesion	\$360
68761	Close Tear Duct Opening	\$220]

SCHEDULE OF SURGICAL PROCEDURES [- \$5, 250 Maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$147
10061	I&D of Abscess, Complex	\$336
19000	Puncture Aspiration of cyst of Breast	\$168
19120	Removal of Breast Lesion	\$966
19180	Mastectomy, Simple	\$1,617
19240	Removal of Breast	\$2,415
20550	In Tendon/Ligament/cyst	\$126
20600	Drain/Inject Joint/Bursa	\$126
20605	Drain/Inject Joint/Bursa	\$126
22554	Neck Spine Fusion	\$5,250
23500	Closed tx, clavicle fracture	\$399
25560	Closed tx, radius fracture	\$756
27230	Closed tx, femur fracture.	\$1,155
27816	Closed tx, ankle fracture	\$819
28415	Closed tx, humerus fracture	\$2,562

29580	Application of Paste Boot	\$105
35301	Rechannelling of Artery	\$3,843
36415	Drawing blood	\$21
36489	Insertion of Catheter, Vein	\$336
36533	Insertion of Access Port	\$1,239
38562	Removal, Pelvic Lymph Nodes	\$2,562
38770	Remove Pelvis Lymph Nodes	\$3,108
38780	Remove Abdomen Lymph Nodes	\$5,124
44005	Freeing of Bowel Adhesion	\$2,079
44140	Partial Removal of Colon	\$2,982
44950	Appendectomy	\$1,512
44970	Laparoscopy surgical appendectomy	\$1,512
45378	Diagnostic Colonoscopy	\$882
45560	Repair of Rectocele	\$987
46255	Hemorrhoidectomy, internal and external	\$1,176
47600	Cholecystectomy	\$2,730
49000	Exploration of Abdomen	\$1,827
49320	Laparoscopy, diagnostic	\$1,302
49505	Repair Inguinal Hernia	\$1,491
49560	Repair Abdominal Hernia	\$1,806
50590	Lithotripsy, extracorporeal shock wave	\$3,486
51840	Bladder repair/vesical neck	\$2,520
52612	TURP	\$2,310
55810	Prostatectomy, perineal radical	\$4,326
57240	Repair Bladder & Vagina	\$1,428
57280	Suspension of Vagina	\$2,226
57282	Repair of Vaginal Prolapse	\$2,226
58150	Total Hysterectomy	\$2,625
58260	Vaginal Hysterectomy	\$2,541
58400	Suspension of Uterus	\$1,722
58600	Division of fallopian tube	\$1,218
58700	Removal of fallopian tube	\$1,596
58720	Removal of ovary/tube(s)	\$1,869
58740	Revise Fallopian Tube(s)	\$1,953
58750	Repair Oviduct	\$3,192
58770	Create New Tubal Opening	\$2,793
58925	Removal of ovarian cyst(s)	\$1,428

58940	Removal of ovary(s)	\$1,428
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,995
59150	Treat Ectopic Pregnancy	\$1,995
59400	Obstetrical Care	\$2,604
59409	Obstetrical Care	\$1,365
59410	Obstetrical Care	\$1,512
59510	Cesarean delivery	\$3,213
59851	Abortion	\$1,512
61154	Pierce Skull, Remove Clot	\$4,137
61312	Open Skull for Drainage	\$5,250
62284	Injection for Myelogram	\$672
63030	Low Back Disk Surgery	\$4,704
63035	Added Spinal Disk Surgery	\$1,533
63047	Removal of Spinal Lamina	\$5,250
63048	Removal of Spinal Lamina	\$1,848
63075	Neck Spine Disk Surgery	\$4,851
64721	Carpal Tunnel Surgery	\$1,512
65855	Laser Surgery of Eye	\$1,449
66170	Glaucoma Surgery	\$1,953
66761	Revision of Iris	\$1,155
66821	After Cataract Laser Surgery	\$1,071
66984	Remove Cataract, Insert Lens	\$2,793
67210	Treatment of Retinal Lesion	\$1,491
67228	Treatment of Retinal Lesion	\$1,596
67820	Revise Eyelashes	\$147
67840	Remove Eyelid Lesion	\$378
68761	Close Tear Duct Opening	\$231]

[SCHEDULE OF SURGICAL PROCEDURES [- \$5,500 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$154
10061	I&D of Abscess, Complex	\$352
19000	Puncture Aspiration of cyst of Breast	\$176
19120	Removal of Breast Lesion	\$1,012
19180	Mastectomy, Simple	\$1,694
19240	Removal of Breast	\$2,530
20550	In Tendon/Ligament/cyst	\$132
20600	Drain/Inject Joint/Bursa	\$132

20605	Drain/Inject Joint/Bursa	\$132
22554	Neck Spine Fusion	\$5,500
23500	Closed tx, clavicle fracture	\$418
25560	Closed tx, radius fracture	\$792
27230	Closed tx, femur fracture.	\$1,210
27816	Closed tx, ankle fracture	\$858
28415	Closed tx, humerus fracture	\$2,684
29580	Application of Paste Boot	\$110
35301	Rechanneling of Artery	\$4,026
36415	Drawing blood	\$22
36489	Insertion of Catheter, Vein	\$352
36533	Insertion of Access Port	\$1,298
38562	Removal, Pelvic Lymph Nodes	\$2,684
38770	Remove Pelvis Lymph Nodes	\$3,256
38780	Remove Abdomen Lymph Nodes	\$5,368
44005	Freeing of Bowel Adhesion	\$2,178
44140	Partial Removal of Colon	\$3,124
44950	Appendectomy	\$1,584
44970	Laparoscopy surgical appendectomy	\$1,584
45378	Diagnostic Colonoscopy	\$924
45560	Repair of Rectocele	\$1,034
46255	Hemorrhoidectomy, internal and external	\$1,232
47600	Cholecystectomy	\$2,860
49000	Exploration of Abdomen	\$1,914
49320	Laparoscopy, diagnostic	\$1,364
49505	Repair Inguinal Hernia	\$1,562
49560	Repair Abdominal Hernia	\$1,892
50590	Lithotripsy, extracorporeal shock wave	\$3,652
51840	Bladder repair/vesical neck	\$2,640
52612	TURP	\$2,420
55810	Prostatectomy, perineal radical	\$4,532
57240	Repair Bladder & Vagina	\$1,496
57280	Suspension of Vagina	\$2,332
57282	Repair of Vaginal Prolapse	\$2,332
58150	Total Hysterectomy	\$2,750
58260	Vaginal Hysterectomy	\$2,662
58400	Suspension of Uterus	\$1,804

58600	Division of fallopian tube	\$1,276
58700	Removal of fallopian tube	\$1,672
58720	Removal of ovary/tube(s)	\$1,958
58740	Revise Fallopian Tube(s)	\$2,046
58750	Repair Oviduct	\$3,344
58770	Create New Tubal Opening	\$2,926
58925	Removal of ovarian cyst(s)	\$1,496
58940	Removal of ovary(s)	\$1,496
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,090
59150	Treat Ectopic Pregnancy	\$2,090
59400	Obstetrical Care	\$2,728
59409	Obstetrical Care	\$1,430
59410	Obstetrical Care	\$1,584
59510	Cesarean delivery	\$3,366
59851	Abortion	\$1,584
61154	Pierce Skull, Remove Clot	\$4,334
61312	Open Skull for Drainage	\$5,500
62284	Injection for Myelogram	\$704
63030	Low Back Disk Surgery	\$4,928
63035	Added Spinal Disk Surgery	\$1,606
63047	Removal of Spinal Lamina	\$5,500
63048	Removal of Spinal Lamina	\$1,936
63075	Neck Spine Disk Surgery	\$5,082
64721	Carpal Tunnel Surgery	\$1,584
65855	Laser Surgery of Eye	\$1,518
66170	Glaucoma Surgery	\$2,046
66761	Revision of Iris	\$1,210
66821	After Cataract Laser Surgery	\$1,122
66984	Remove Cataract, Insert Lens	\$2,926
67210	Treatment of Retinal Lesion	\$1,562
67228	Treatment of Retinal Lesion	\$1,672
67820	Revise Eyelashes	\$154
67840	Remove Eyelid Lesion	\$396
68761	Close Tear Duct Opening	\$242]

SCHEDULE OF SURGICAL PROCEDURES [- \$5750 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$161

10061	I&D of Abscess, Complex	\$368
19000	Puncture Aspiration of cyst of Breast	\$184
19120	Removal of Breast Lesion	\$1,058
19180	Mastectomy, Simple	\$1,771
19240	Removal of Breast	\$2,645
20550	In Tendon/Ligament/cyst	\$138
20600	Drain/Inject Joint/Bursa	\$138
20605	Drain/Inject Joint/Bursa	\$138
22554	Neck Spine Fusion	\$5,750
23500	Closed tx, clavicle fracture	\$437
25560	Closed tx, radius fracture	\$828
27230	Closed tx, femur fracture.	\$1,265
27816	Closed tx, ankle fracture	\$897
28415	Closed tx, humerus fracture	\$2,806
29580	Application of Paste Boot	\$115
35301	Rechannelling of Artery	\$4,209
36415	Drawing blood	\$23
36489	Insertion of Catheter, Vein	\$368
36533	Insertion of Access Port	\$1,357
38562	Removal, Pelvic Lymph Nodes	\$2,806
38770	Remove Pelvis Lymph Nodes	\$3,404
38780	Remove Abdomen Lymph Nodes	\$5,612
44005	Freeing of Bowel Adhesion	\$2,277
44140	Partial Removal of Colon	\$3,266
44950	Appendectomy	\$1,656
44970	Laparoscopy surgical appendectomy	\$1,656
45378	Diagnostic Colonoscopy	\$966
45560	Repair of Rectocele	\$1,081
46255	Hemorrhoidectomy, internal and external	\$1,288
47600	Cholecystectomy	\$2,990
49000	Exploration of Abdomen	\$2,001
49320	Laparoscopy, diagnostic	\$1,426
49505	Repair Inguinal Hernia	\$1,633
49560	Repair Abdominal Hernia	\$1,978
50590	Lithotripsy, extracorporeal shock wave	\$3,818
51840	Bladder repair/vesical neck	\$2,760
52612	TURP	\$2,530

55810	Prostatectomy, perineal radical	\$4,738
57240	Repair Bladder & Vagina	\$1,564
57280	Suspension of Vagina	\$2,438
57282	Repair of Vaginal Prolapse	\$2,438
58150	Total Hysterectomy	\$2,875
58260	Vaginal Hysterectomy	\$2,783
58400	Suspension of Uterus	\$1,886
58600	Division of fallopian tube	\$1,334
58700	Removal of fallopian tube	\$1,748
58720	Removal of ovary/tube(s)	\$2,047
58740	Revise Fallopian Tube(s)	\$2,139
58750	Repair Oviduct	\$3,496
58770	Create New Tubal Opening	\$3,059
58925	Removal of ovarian cyst(s)	\$1,564
58940	Removal of ovary(s)	\$1,564
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,185
59150	Treat Ectopic Pregnancy	\$2,185
59400	Obstetrical Care	\$2,852
59409	Obstetrical Care	\$1,495
59410	Obstetrical Care	\$1,656
59510	Cesarean delivery	\$3,519
59851	Abortion	\$1,656
61154	Pierce Skull, Remove Clot	\$4,531
61312	Open Skull for Drainage	\$5,750
62284	Injection for Myelogram	\$736
63030	Low Back Disk Surgery	\$5,152
63035	Added Spinal Disk Surgery	\$1,679
63047	Removal of Spinal Lamina	\$5,750
63048	Removal of Spinal Lamina	\$2,024
63075	Neck Spine Disk Surgery	\$5,313
64721	Carpal Tunnel Surgery	\$1,656
65855	Laser Surgery of Eye	\$1,587
66170	Glaucoma Surgery	\$2,139
66761	Revision of Iris	\$1,265
66821	After Cataract Laser Surgery	\$1,173
66984	Remove Cataract, Insert Lens	\$3,059
67210	Treatment of Retinal Lesion	\$1,633

67228	Treatment of Retinal Lesion	\$1,748
67820	Revise Eyelashes	\$161
67840	Remove Eyelid Lesion	\$414
68761	Close Tear Duct Opening	\$253]

SCHEDULE OF SURGICAL PROCEDURES [- \$6,000 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$168
10061	I&D of Abscess, Complex	\$384
19000	Puncture Aspiration of cyst of Breast	\$192
19120	Removal of Breast Lesion	\$1,104
19180	Mastectomy, Simple	\$1,848
19240	Removal of Breast	\$2,760
20550	In Tendon/Ligament/cyst	\$144
20600	Drain/Inject Joint/Bursa	\$144
20605	Drain/Inject Joint/Bursa	\$144
22554	Neck Spine Fusion	\$6,000
23500	Closed tx, clavicle fracture	\$456
25560	Closed tx, radius fracture	\$864
27230	Closed tx, femur fracture.	\$1,320
27816	Closed tx, ankle fracture	\$936
28415	Closed tx, humerus fracture	\$2,928
29580	Application of Paste Boot	\$120
35301	Rechanneling of Artery	\$4,392
36415	Drawing blood	\$24
36489	Insertion of Catheter, Vein	\$384
36533	Insertion of Access Port	\$1,416
38562	Removal, Pelvic Lymph Nodes	\$2,928
38770	Remove Pelvis Lymph Nodes	\$3,552
38780	Remove Abdomen Lymph Nodes	\$5,856
44005	Freeing of Bowel Adhesion	\$2,376
44140	Partial Removal of Colon	\$3,408
44950	Appendectomy	\$1,728
44970	Laparoscopy surgical appendectomy	\$1,728
45378	Diagnostic Colonoscopy	\$1,008
45560	Repair of Rectocele	\$1,128
46255	Hemorrhoidectomy, internal and external	\$1,344
47600	Cholecystectomy	\$3,120

49000	Exploration of Abdomen	\$2,088
49320	Laparoscopy, diagnostic	\$1,488
49505	Repair Inguinal Hernia	\$1,704
49560	Repair Abdominal Hernia	\$2,064
50590	Lithotripsy, extracorporeal shock wave	\$3,984
51840	Bladder repair/vesical neck	\$2,880
52612	TURP	\$2,640
55810	Prostatectomy, perineal radical	\$4,944
57240	Repair Bladder & Vagina	\$1,632
57280	Suspension of Vagina	\$2,544
57282	Repair of Vaginal Prolapse	\$2,544
58150	Total Hysterectomy	\$3,000
58260	Vaginal Hysterectomy	\$2,904
58400	Suspension of Uterus	\$1,968
58600	Division of fallopian tube	\$1,392
58700	Removal of fallopian tube	\$1,824
58720	Removal of ovary/tube(s)	\$2,136
58740	Revise Fallopian Tube(s)	\$2,232
58750	Repair Oviduct	\$3,648
58770	Create New Tubal Opening	\$3,192
58925	Removal of ovarian cyst(s)	\$1,632
58940	Removal of ovary(s)	\$1,632
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,280
59150	Treat Ectopic Pregnancy	\$2,280
59400	Obstetrical Care	\$2,976
59409	Obstetrical Care	\$1,560
59410	Obstetrical Care	\$1,728
59510	Cesarean delivery	\$3,672
59851	Abortion	\$1,728
61154	Pierce Skull, Remove Clot	\$4,728
61312	Open Skull for Drainage	\$6,000
62284	Injection for Myelogram	\$768
63030	Low Back Disk Surgery	\$5,376
63035	Added Spinal Disk Surgery	\$1,752
63047	Removal of Spinal Lamina	\$6,000
63048	Removal of Spinal Lamina	\$2,112
63075	Neck Spine Disk Surgery	\$5,544

64721	Carpal Tunnel Surgery	\$1,728
65855	Laser Surgery of Eye	\$1,656
66170	Glaucoma Surgery	\$2,232
66761	Revision of Iris	\$1,320
66821	After Cataract Laser Surgery	\$1,224
66984	Remove Cataract, Insert Lens	\$3,192
67210	Treatment of Retinal Lesion	\$1,704
67228	Treatment of Retinal Lesion	\$1,824
67820	Revise Eyelashes	\$168
67840	Remove Eyelid Lesion	\$432
68761	Close Tear Duct Opening	\$264]

SCHEDULE OF SURGICAL PROCEDURES [- \$6,250 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$175
10061	I&D of Abscess, Complex	\$400
19000	Puncture Aspiration of cyst of Breast	\$200
19120	Removal of Breast Lesion	\$1,150
19180	Mastectomy, Simple	\$1,925
19240	Removal of Breast	\$2,875
20550	In Tendon/Ligament/cyst	\$150
20600	Drain/Inject Joint/Bursa	\$150
20605	Drain/Inject Joint/Bursa	\$150
22554	Neck Spine Fusion	\$6,250
23500	Closed tx, clavicle fracture	\$475
25560	Closed tx, radius fracture	\$900
27230	Closed tx, femur fracture.	\$1,375
27816	Closed tx, ankle fracture	\$975
28415	Closed tx, humerus fracture	\$3,050
29580	Application of Paste Boot	\$125
35301	Rechannelling of Artery	\$4,575
36415	Drawing blood	\$25
36489	Insertion of Catheter, Vein	\$400
36533	Insertion of Access Port	\$1,475
38562	Removal, Pelvic Lymph Nodes	\$3,050
38770	Remove Pelvis Lymph Nodes	\$3,700
38780	Remove Abdomen Lymph Nodes	\$6,100
44005	Freeing of Bowel Adhesion	\$2,475

44140	Partial Removal of Colon	\$3,550
44950	Appendectomy	\$1,800
44970	Laparoscopy surgical appendectomy	\$1,800
45378	Diagnostic Colonoscopy	\$1,050
45560	Repair of Rectocele	\$1,175
46255	Hemorrhoidectomy, internal and external	\$1,400
47600	Cholecystectomy	\$3,250
49000	Exploration of Abdomen	\$2,175
49320	Laparoscopy, diagnostic	\$1,550
49505	Repair Inguinal Hernia	\$1,775
49560	Repair Abdominal Hernia	\$2,150
50590	Lithotripsy, extracorporeal shock wave	\$4,150
51840	Bladder repair/vesical neck	\$3,000
52612	TURP	\$2,750
55810	Prostatectomy, perineal radical	\$5,150
57240	Repair Bladder & Vagina	\$1,700
57280	Suspension of Vagina	\$2,650
57282	Repair of Vaginal Prolapse	\$2,650
58150	Total Hysterectomy	\$3,125
58260	Vaginal Hysterectomy	\$3,025
58400	Suspension of Uterus	\$2,050
58600	Division of fallopian tube	\$1,450
58700	Removal of fallopian tube	\$1,900
58720	Removal of ovary/tube(s)	\$2,225
58740	Revise Fallopian Tube(s)	\$2,325
58750	Repair Oviduct	\$3,800
58770	Create New Tubal Opening	\$3,325
58925	Removal of ovarian cyst(s)	\$1,700
58940	Removal of ovary(s)	\$1,700
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,375
59150	Treat Ectopic Pregnancy	\$2,375
59400	Obstetrical Care	\$3,100
59409	Obstetrical Care	\$1,625
59410	Obstetrical Care	\$1,800
59510	Cesarean delivery	\$3,825
59851	Abortion	\$1,800
61154	Pierce Skull, Remove Clot	\$4,925

61312	Open Skull for Drainage	\$6,250
62284	Injection for Myelogram	\$800
63030	Low Back Disk Surgery	\$5,600
63035	Added Spinal Disk Surgery	\$1,825
63047	Removal of Spinal Lamina	\$6,250
63048	Removal of Spinal Lamina	\$2,200
63075	Neck Spine Disk Surgery	\$5,775
64721	Carpal Tunnel Surgery	\$1,800
65855	Laser Surgery of Eye	\$1,725
66170	Glaucoma Surgery	\$2,325
66761	Revision of Iris	\$1,375
66821	After Cataract Laser Surgery	\$1,275
66984	Remove Cataract, Insert Lens	\$3,325
67210	Treatment of Retinal Lesion	\$1,775
67228	Treatment of Retinal Lesion	\$1,900
67820	Revise Eyelashes	\$175
67840	Remove Eyelid Lesion	\$450
68761	Close Tear Duct Opening	\$275]

SCHEDULE OF SURGICAL PROCEDURES [- \$6,500 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$182
10061	I&D of Abscess, Complex	\$416
19000	Puncture Aspiration of cyst of Breast	\$208
19120	Removal of Breast Lesion	\$1,196
19180	Mastectomy, Simple	\$2,002
19240	Removal of Breast	\$2,990
20550	In Tendon/Ligament/cyst	\$156
20600	Drain/Inject Joint/Bursa	\$156
20605	Drain/Inject Joint/Bursa	\$156
22554	Neck Spine Fusion	\$6,500
23500	Closed tx, clavicle fracture	\$494
25560	Closed tx, radius fracture	\$936
27230	Closed tx, femur fracture.	\$1,430
27816	Closed tx, ankle fracture	\$1,014
28415	Closed tx, humerus fracture	\$3,172
29580	Application of Paste Boot	\$130
35301	Rechanneling of Artery	\$4,758

36415	Drawing blood	\$26
36489	Insertion of Catheter, Vein	\$416
36533	Insertion of Access Port	\$1,534
38562	Removal, Pelvic Lymph Nodes	\$3,172
38770	Remove Pelvis Lymph Nodes	\$3,848
38780	Remove Abdomen Lymph Nodes	\$6,344
44005	Freeing of Bowel Adhesion	\$2,574
44140	Partial Removal of Colon	\$3,692
44950	Appendectomy	\$1,872
44970	Laparoscopy surgical appendectomy	\$1,872
45378	Diagnostic Colonoscopy	\$1,092
45560	Repair of Rectocele	\$1,222
46255	Hemorrhoidectomy, internal and external	\$1,456
47600	Cholecystectomy	\$3,380
49000	Exploration of Abdomen	\$2,262
49320	Laparoscopy, diagnostic	\$1,612
49505	Repair Inguinal Hernia	\$1,846
49560	Repair Abdominal Hernia	\$2,236
50590	Lithotripsy, extracorporeal shock wave	\$4,316
51840	Bladder repair/vesical neck	\$3,120
52612	TURP	\$2,860
55810	Prostatectomy, perineal radical	\$5,356
57240	Repair Bladder & Vagina	\$1,768
57280	Suspension of Vagina	\$2,756
57282	Repair of Vaginal Prolapse	\$2,756
58150	Total Hysterectomy	\$3,250
58260	Vaginal Hysterectomy	\$3,146
58400	Suspension of Uterus	\$2,132
58600	Division of fallopian tube	\$1,508
58700	Removal of fallopian tube	\$1,976
58720	Removal of ovary/tube(s)	\$2,314
58740	Revise Fallopian Tube(s)	\$2,418
58750	Repair Oviduct	\$3,952
58770	Create New Tubal Opening	\$3,458
58925	Removal of ovarian cyst(s)	\$1,768
58940	Removal of ovary(s)	\$1,768
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,470

59150	Treat Ectopic Pregnancy	\$2,470
59400	Obstetrical Care	\$3,224
59409	Obstetrical Care	\$1,690
59410	Obstetrical Care	\$1,872
59510	Cesarean delivery	\$3,978
59851	Abortion	\$1,872
61154	Pierce Skull, Remove Clot	\$5,122
61312	Open Skull for Drainage	\$6,500
62284	Injection for Myelogram	\$832
63030	Low Back Disk Surgery	\$5,824
63035	Added Spinal Disk Surgery	\$1,898
63047	Removal of Spinal Lamina	\$6,500
63048	Removal of Spinal Lamina	\$2,288
63075	Neck Spine Disk Surgery	\$6,006
64721	Carpal Tunnel Surgery	\$1,872
65855	Laser Surgery of Eye	\$1,794
66170	Glaucoma Surgery	\$2,418
66761	Revision of Iris	\$1,430
66821	After Cataract Laser Surgery	\$1,326
66984	Remove Cataract, Insert Lens	\$3,458
67210	Treatment of Retinal Lesion	\$1,846
67228	Treatment of Retinal Lesion	\$1,976
67820	Revise Eyelashes	\$182
67840	Remove Eyelid Lesion	\$468
68761	Close Tear Duct Opening	\$286]

SCHEDULE OF SURGICAL PROCEDURES [- \$6,750 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$189
10061	I&D of Abscess, Complex	\$432
19000	Puncture Aspiration of cyst of Breast	\$216
19120	Removal of Breast Lesion	\$1,242
19180	Mastectomy, Simple	\$2,079
19240	Removal of Breast	\$3,105
20550	In Tendon/Ligament/cyst	\$162
20600	Drain/Inject Joint/Bursa	\$162
20605	Drain/Inject Joint/Bursa	\$162
22554	Neck Spine Fusion	\$6,750

23500	Closed tx, clavicle fracture	\$513
25560	Closed tx, radius fracture	\$972
27230	Closed tx, femur fracture.	\$1,485
27816	Closed tx, ankle fracture	\$1,053
28415	Closed tx, humerus fracture	\$3,294
29580	Application of Paste Boot	\$135
35301	Rechannelling of Artery	\$4,941
36415	Drawing blood	\$27
36489	Insertion of Catheter, Vein	\$432
36533	Insertion of Access Port	\$1,593
38562	Removal, Pelvic Lymph Nodes	\$3,294
38770	Remove Pelvis Lymph Nodes	\$3,996
38780	Remove Abdomen Lymph Nodes	\$6,588
44005	Freeing of Bowel Adhesion	\$2,673
44140	Partial Removal of Colon	\$3,834
44950	Appendectomy	\$1,944
44970	Laparoscopy surgical appendectomy	\$1,944
45378	Diagnostic Colonoscopy	\$1,134
45560	Repair of Rectocele	\$1,269
46255	Hemorrhoidectomy, internal and external	\$1,512
47600	Cholecystectomy	\$3,510
49000	Exploration of Abdomen	\$2,349
49320	Laparoscopy, diagnostic	\$1,674
49505	Repair Inguinal Hernia	\$1,917
49560	Repair Abdominal Hernia	\$2,322
50590	Lithotripsy, extracorporeal shock wave	\$4,482
51840	Bladder repair/vesical neck	\$3,240
52612	TURP	\$2,970
55810	Prostatectomy, perineal radical	\$5,562
57240	Repair Bladder & Vagina	\$1,836
57280	Suspension of Vagina	\$2,862
57282	Repair of Vaginal Prolapse	\$2,862
58150	Total Hysterectomy	\$3,375
58260	Vaginal Hysterectomy	\$3,267
58400	Suspension of Uterus	\$2,214
58600	Division of fallopian tube	\$1,566
58700	Removal of fallopian tube	\$2,052

58720	Removal of ovary/tube(s)	\$2,403
58740	Revise Fallopian Tube(s)	\$2,511
58750	Repair Oviduct	\$4,104
58770	Create New Tubal Opening	\$3,591
58925	Removal of ovarian cyst(s)	\$1,836
58940	Removal of ovary(s)	\$1,836
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,565
59150	Treat Ectopic Pregnancy	\$2,565
59400	Obstetrical Care	\$3,348
59409	Obstetrical Care	\$1,755
59410	Obstetrical Care	\$1,944
59510	Cesarean delivery	\$4,131
59851	Abortion	\$1,944
61154	Pierce Skull, Remove Clot	\$5,319
61312	Open Skull for Drainage	\$6,750
62284	Injection for Myelogram	\$864
63030	Low Back Disk Surgery	\$6,048
63035	Added Spinal Disk Surgery	\$1,971
63047	Removal of Spinal Lamina	\$6,750
63048	Removal of Spinal Lamina	\$2,376
63075	Neck Spine Disk Surgery	\$6,237
64721	Carpal Tunnel Surgery	\$1,944
65855	Laser Surgery of Eye	\$1,863
66170	Glaucoma Surgery	\$2,511
66761	Revision of Iris	\$1,485
66821	After Cataract Laser Surgery	\$1,377
66984	Remove Cataract, Insert Lens	\$3,591
67210	Treatment of Retinal Lesion	\$1,917
67228	Treatment of Retinal Lesion	\$2,052
67820	Revise Eyelashes	\$189
67840	Remove Eyelid Lesion	\$486
68761	Close Tear Duct Opening	\$297]

SCHEDULE OF SURGICAL PROCEDURES [- \$7,000 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$196
10061	I&D of Abscess, Complex	\$448
19000	Puncture Aspiration of cyst of Breast	\$224

19120	Removal of Breast Lesion	\$1,288
19180	Mastectomy, Simple	\$2,156
19240	Removal of Breast	\$3,220
20550	In Tendon/Ligament/cyst	\$168
20600	Drain/Inject Joint/Bursa	\$168
20605	Drain/Inject Joint/Bursa	\$168
22554	Neck Spine Fusion	\$7,000
23500	Closed tx, clavicle fracture	\$532
25560	Closed tx, radius fracture	\$1,008
27230	Closed tx, femur fracture.	\$1,540
27816	Closed tx, ankle fracture	\$1,092
28415	Closed tx, humerus fracture	\$3,416
29580	Application of Paste Boot	\$140
35301	Rechannelling of Artery	\$5,124
36415	Drawing blood	\$28
36489	Insertion of Catheter, Vein	\$448
36533	Insertion of Access Port	\$1,652
38562	Removal, Pelvic Lymph Nodes	\$3,416
38770	Remove Pelvis Lymph Nodes	\$4,144
38780	Remove Abdomen Lymph Nodes	\$6,832
44005	Freeing of Bowel Adhesion	\$2,772
44140	Partial Removal of Colon	\$3,976
44950	Appendectomy	\$2,016
44970	Laparoscopy surgical appendectomy	\$2,016
45378	Diagnostic Colonoscopy	\$1,176
45560	Repair of Rectocele	\$1,316
46255	Hemorrhoidectomy, internal and external	\$1,568
47600	Cholecystectomy	\$3,640
49000	Exploration of Abdomen	\$2,436
49320	Laparoscopy, diagnostic	\$1,736
49505	Repair Inguinal Hernia	\$1,988
49560	Repair Abdominal Hernia	\$2,408
50590	Lithotripsy, extracorporeal shock wave	\$4,648
51840	Bladder repair/vesical neck	\$3,360
52612	TURP	\$3,080
55810	Prostatectomy, perineal radical	\$5,768
57240	Repair Bladder & Vagina	\$1,904

57280	Suspension of Vagina	\$2,968
57282	Repair of Vaginal Prolapse	\$2,968
58150	Total Hysterectomy	\$3,500
58260	Vaginal Hysterectomy	\$3,388
58400	Suspension of Uterus	\$2,296
58600	Division of fallopian tube	\$1,624
58700	Removal of fallopian tube	\$2,128
58720	Removal of ovary/tube(s)	\$2,492
58740	Revise Fallopian Tube(s)	\$2,604
58750	Repair Oviduct	\$4,256
58770	Create New Tubal Opening	\$3,724
58925	Removal of ovarian cyst(s)	\$1,904
58940	Removal of ovary(s)	\$1,904
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,660
59150	Treat Ectopic Pregnancy	\$2,660
59400	Obstetrical Care	\$3,472
59409	Obstetrical Care	\$1,820
59410	Obstetrical Care	\$2,016
59510	Cesarean delivery	\$4,284
59851	Abortion	\$2,016
61154	Pierce Skull, Remove Clot	\$5,516
61312	Open Skull for Drainage	\$7,000
62284	Injection for Myelogram	\$896
63030	Low Back Disk Surgery	\$6,272
63035	Added Spinal Disk Surgery	\$2,044
63047	Removal of Spinal Lamina	\$7,000
63048	Removal of Spinal Lamina	\$2,464
63075	Neck Spine Disk Surgery	\$6,468
64721	Carpal Tunnel Surgery	\$2,016
65855	Laser Surgery of Eye	\$1,932
66170	Glaucoma Surgery	\$2,604
66761	Revision of Iris	\$1,540
66821	After Cataract Laser Surgery	\$1,428
66984	Remove Cataract, Insert Lens	\$3,724
67210	Treatment of Retinal Lesion	\$1,988
67228	Treatment of Retinal Lesion	\$2,128
67820	Revise Eyelashes	\$196

67840	Remove Eyelid Lesion	\$504
68761	Close Tear Duct Opening	\$308]

SCHEDULE OF SURGICAL PROCEDURES [- \$7,250 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$203
10061	I&D of Abscess, Complex	\$464
19000	<i>Puncture Aspiration of cyst of Breast</i>	\$232
19120	Removal of Breast Lesion	\$1,334
19180	Mastectomy, Simple	\$2,233
19240	Removal of Breast	\$3,335
20550	In Tendon/Ligament/cyst	\$174
20600	Drain/Inject Joint/Bursa	\$174
20605	Drain/Inject Joint/Bursa	\$174
22554	Neck Spine Fusion	\$7,250
23500	Closed tx, clavicle fracture	\$551
25560	Closed tx, radius fracture	\$1,044
27230	Closed tx, femur fracture.	\$1,595
27816	Closed tx, ankle fracture	\$1,131
28415	Closed tx, humerus fracture	\$3,538
29580	Application of Paste Boot	\$145
35301	Rechannelling of Artery	\$5,307
36415	Drawing blood	\$29
36489	Insertion of Catheter, Vein	\$464
36533	Insertion of Access Port	\$1,711
38562	Removal, Pelvic Lymph Nodes	\$3,538
38770	Remove Pelvis Lymph Nodes	\$4,292
38780	Remove Abdomen Lymph Nodes	\$7,076
44005	Freeing of Bowel Adhesion	\$2,871
44140	Partial Removal of Colon	\$4,118
44950	Appendectomy	\$2,088
44970	Laparoscopy surgical appendectomy	\$2,088
45378	Diagnostic Colonoscopy	\$1,218
45560	Repair of Rectocele	\$1,363
46255	Hemorrhoidectomy, internal and external	\$1,624
47600	Cholecystectomy	\$3,770
49000	Exploration of Abdomen	\$2,523
49320	Laparoscopy, diagnostic	\$1,798

49505	Repair Inguinal Hernia	\$2,059
49560	Repair Abdominal Hernia	\$2,494
50590	Lithotripsy, extracorporeal shock wave	\$4,814
51840	Bladder repair/vesical neck	\$3,480
52612	TURP	\$3,190
55810	Prostatectomy, perineal radical	\$5,974
57240	Repair Bladder & Vagina	\$1,972
57280	Suspension of Vagina	\$3,074
57282	Repair of Vaginal Prolapse	\$3,074
58150	Total Hysterectomy	\$3,625
58260	Vaginal Hysterectomy	\$3,509
58400	Suspension of Uterus	\$2,378
58600	Division of fallopian tube	\$1,682
58700	Removal of fallopian tube	\$2,204
58720	Removal of ovary/tube(s)	\$2,581
58740	Revise Fallopian Tube(s)	\$2,697
58750	Repair Oviduct	\$4,408
58770	Create New Tubal Opening	\$3,857
58925	Removal of ovarian cyst(s)	\$1,972
58940	Removal of ovary(s)	\$1,972
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,755
59150	Treat Ectopic Pregnancy	\$2,755
59400	Obstetrical Care	\$3,596
59409	Obstetrical Care	\$1,885
59410	Obstetrical Care	\$2,088
59510	Cesarean delivery	\$4,437
59851	Abortion	\$2,088
61154	Pierce Skull, Remove Clot	\$5,713
61312	Open Skull for Drainage	\$7,250
62284	Injection for Myelogram	\$928
63030	Low Back Disk Surgery	\$6,496
63035	Added Spinal Disk Surgery	\$2,117
63047	Removal of Spinal Lamina	\$7,250
63048	Removal of Spinal Lamina	\$2,552
63075	Neck Spine Disk Surgery	\$6,699
64721	Carpal Tunnel Surgery	\$2,088
65855	Laser Surgery of Eye	\$2,001

66170	Glaucoma Surgery	\$2,697
66761	Revision of Iris	\$1,595
66821	After Cataract Laser Surgery	\$1,479
66984	Remove Cataract, Insert Lens	\$3,857
67210	Treatment of Retinal Lesion	\$2,059
67228	Treatment of Retinal Lesion	\$2,204
67820	Revise Eyelashes	\$203
67840	Remove Eyelid Lesion	\$522
68761	Close Tear Duct Opening	\$319]

SCHEDULE OF SURGICAL PROCEDURES [- \$7,500 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$210
10061	I&D of Abscess, Complex	\$480
19000	Puncture Aspiration of cyst of Breast	\$240
19120	Removal of Breast Lesion	\$1,380
19180	Mastectomy, Simple	\$2,310
19240	Removal of Breast	\$3,450
20550	In Tendon/Ligament/cyst	\$180
20600	Drain/Inject Joint/Bursa	\$180
20605	Drain/Inject Joint/Bursa	\$180
22554	Neck Spine Fusion	\$7,500
23500	Closed tx, clavicle fracture	\$570
25560	Closed tx, radius fracture	\$1,080
27230	Closed tx, femur fracture.	\$1,650
27816	Closed tx, ankle fracture	\$1,170
28415	Closed tx, humerus fracture	\$3,660
29580	Application of Paste Boot	\$150
35301	Rechannelling of Artery	\$5,490
36415	Drawing blood	\$30
36489	Insertion of Catheter, Vein	\$480
36533	Insertion of Access Port	\$1,770
38562	Removal, Pelvic Lymph Nodes	\$3,660
38770	Remove Pelvis Lymph Nodes	\$4,440
38780	Remove Abdomen Lymph Nodes	\$7,320
44005	Freeing of Bowel Adhesion	\$2,970
44140	Partial Removal of Colon	\$4,260
44950	Appendectomy	\$2,160

44970	Laparoscopy surgical appendectomy	\$2,160
45378	Diagnostic Colonoscopy	\$1,260
45560	Repair of Rectocele	\$1,410
46255	Hemorrhoidectomy, internal and external	\$1,680
47600	Cholecystectomy	\$3,900
49000	Exploration of Abdomen	\$2,610
49320	Laparoscopy, diagnostic	\$1,860
49505	Repair Inguinal Hernia	\$2,130
49560	Repair Abdominal Hernia	\$2,580
50590	Lithotripsy, extracorporeal shock wave	\$4,980
51840	Bladder repair/vesical neck	\$3,600
52612	TURP	\$3,300
55810	Prostatectomy, perineal radical	\$6,180
57240	Repair Bladder & Vagina	\$2,040
57280	Suspension of Vagina	\$3,180
57282	Repair of Vaginal Prolapse	\$3,180
58150	Total Hysterectomy	\$3,750
58260	Vaginal Hysterectomy	\$3,630
58400	Suspension of Uterus	\$2,460
58600	Division of fallopian tube	\$1,740
58700	Removal of fallopian tube	\$2,280
58720	Removal of ovary/tube(s)	\$2,670
58740	Revise Fallopian Tube(s)	\$2,790
58750	Repair Oviduct	\$4,560
58770	Create New Tubal Opening	\$3,990
58925	Removal of ovarian cyst(s)	\$2,040
58940	Removal of ovary(s)	\$2,040
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,850
59150	Treat Ectopic Pregnancy	\$2,850
59400	Obstetrical Care	\$3,720
59409	Obstetrical Care	\$1,950
59410	Obstetrical Care	\$2,160
59510	Cesarean delivery	\$4,590
59851	Abortion	\$2,160
61154	Pierce Skull, Remove Clot	\$5,910
61312	Open Skull for Drainage	\$7,500
62284	Injection for Myelogram	\$960

63030	Low Back Disk Surgery	\$6,720
63035	Added Spinal Disk Surgery	\$2,190
63047	Removal of Spinal Lamina	\$7,500
63048	Removal of Spinal Lamina	\$2,640
63075	Neck Spine Disk Surgery	\$6,930
64721	Carpal Tunnel Surgery	\$2,160
65855	Laser Surgery of Eye	\$2,070
66170	Glaucoma Surgery	\$2,790
66761	Revision of Iris	\$1,650
66821	After Cataract Laser Surgery	\$1,530
66984	Remove Cataract, Insert Lens	\$3,990
67210	Treatment of Retinal Lesion	\$2,130
67228	Treatment of Retinal Lesion	\$2,280
67820	Revise Eyelashes	\$210
67840	Remove Eyelid Lesion	\$540
68761	Close Tear Duct Opening	\$300]

[Schedule of Excepted Procedures]

CPT Code	Description
[36415	Collection of Venous Blood By Venipuncture
36416	Collecton of Capillary Blood Specimen
17003	Destruc Ben/Premalig Les Other Than Skin Tag;2-14 Ea
11055	Par/Cut Ben Hyperkeratotic Lesion; Single Lesion
11720	Debridement of Nail By Any Method; One To Five
11719	Trimming of Nondystrophic Nails Any Number
11056	Paring/Cut Ben Hyperkeratotic Lesion; 2-4 Les
29550	Strapping; Toes
11001	Debrid Ext Eczem/Inf Skin; Ea Add 10% Bdy Surfce
69401	Eustachian Tube Inflation Transnasl; W/O Cath
36410	Venipunct Age 3 Yr Md Skill-Sep Proc Not Routine
36540	Clct Bld Spec From Cmpl Impl Venous Acss Device
11721	Debridement of Nail By Any Method; Six or More
29280	Strapping; Hand or Finger
29720	Repair of Spica Body Cast or Jacket
11732	Avul Nail Plat Part/Cmpl Smpl; Ea Add Nail Plat
11740	Evacuation of Subungual Hematoma
30210	Displacement Therapy
11040	Debridement; Skin Partial Thickness
29260	Strapping; Elbow or Wrist
57170	Diaphragm Or Cervical Cap Fitting W/Instructions
16000	Init Tx 1 Deg Burn When No > Loc Tx Is Required

29730	Windowing of Cast
11057	Paring/Cut Ben Hyperkeratotic Lesion; > 4 Les
36405	Venipuncture Under Age 3 Years; Scalp Vein
36406	Venipuncture Under Age 3 Years; Other Vein
69210	Removal Impacted Cerumen One or Both Ears
29130	Application Of Finger Splint; Static
29200	Strapping; Thorax
29240	Strapping; Shoulder
29440	Adding Walker To Previously Applied Cast
29540	Strapping; Ankle And/or Foot
29700	Removal/Bivalving; Gauntlet-Boot/Body Cast
36400	Venipuncture Under Age 3 Years; Femoral/Jugular
46600	Anoscopy; Dx W/Wo Collct Specimen Brush/Wash-Sp
59051	Fetal Mon-Labor-Cnslt Md W/Writn Reprt; Interp
17250	Chemical Cauterization of Granulation Tissue
57160	Fit&Insrtn Pessary/Oth Intravag Support Device
69090	Ear Piercing
58301	Removal Of Intrauterine Device
20526	Injection Therapeutic Carpal Tunnel
20612	Aspir &or Injection Gang Cysts Any Location
15787	Abrasion; Each Additional Four Lesions or Less
15850	Removal Of Sutures Under Anesthesia Same Surgeon
11201	Removal Skin Tags Any Area;Ea Add 10 Lesions
29530	Strapping; Knee
29705	Removal or Bivalving; Full Arm or Full Leg Cast
29750	Wedging of Clubfoot Cast
11000	Debrid Ext Eczem/Inf Skin; Up 10% Body Surface
17000	Destruc Ben/Premalig Les Other Than Skin Tag; 1 Les
17110	Destruc Flat Warts Mollusc Contag/Milia; Up 14
11900	Injection Intralesional; Up To&Incl 7 Lesions
11101	Bx Skin Subq Tissue &/ Mucous Membrane; Ea Add
19001	Puncture Aspiration Cyst Breast; Ea Add Cyst
30200	Injection Into Turbinate Therapeutic
57150	Irriga Vag &/or Applic Medicament-Tx Bacteril Dz
69220	Debridement Mastoidectomy Cavity Simple
42550	Injection Procedure for Sialography
42650	Dilation Salivary Duct
69400	Eustachian Tube Inflation Transnasal; W/Cath
69405	Eustachian Tube Catheterization Transtympanic
69410	Focal Applic Phase Control Substance Mid Ear
10040	Acne Surgery
19291	Preop Plcmt Ndle Loc Wire Breast; Ea Add Lesion
29740	Wedging of Cast

11300	Shav Epid/Derm 1 Les Trunk Arms/Legs; 0.5cm/Less
16020	Drsg &Or Debrid Init/Subsqt; W/O Anes-Ofc/Hos Sm
65205	Removal Fb External Eye; Conjunct Superficial
41821	Operculectomy Excision Pericoronal Tissues
11730	Avul Nail Plate Partial/Complete Simple; Single
51701	Insertion Non-Indwelling Bladder Catheter
51702	Insertion Temp Indwelling Bladder Cath; Simple
29580	Strapping; Unna Boot
50684	Inj Proc-Ureterography Thru Ureterostomy/Cath
33968	Removal Intra-Aortic Balloon Assist Device Perq]

SERFF Tracking Number: HMRK-127156515 *State:* Arkansas
Filing Company: HM Life Insurance Company *State Tracking Number:* 48705
Company Tracking Number: HM905-LMP (5/10)-A
TOI: H21 Health - Other *Sub-TOI:* H21.000 Health - Other
Product Name: Limited Benefit Medical
Project Name/Number: SBU Assoc. Filing/HM905-LMP (5/10)-A

Rate data does NOT apply to filing.

SERFF Tracking Number: HMRK-127156515 State: Arkansas
 Filing Company: HM Life Insurance Company State Tracking Number: 48705
 Company Tracking Number: HM905-LMP (5/10)-A
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Limited Benefit Medical
 Project Name/Number: SBU Assoc. Filing/HM905-LMP (5/10)-A

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	06/02/2011
Comments:		
Attachment: Readability Certification Signed.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	06/02/2011
Comments: N/A out of state association filing. Certificate attached for review.		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	06/02/2011
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	06/02/2011
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: PPACA Uniform Compliance Summary	Approved-Closed	06/02/2011
Comments: Not PPACA Related		

SERFF Tracking Number: HMRK-127156515 State: Arkansas
Filing Company: HM Life Insurance Company State Tracking Number: 48705
Company Tracking Number: HM905-LMP (5/10)-A
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Limited Benefit Medical
Project Name/Number: SBU Assoc. Filing/HM905-LMP (5/10)-A

Item Status: Approved-Closed
Status Date: 06/02/2011
Satisfied - Item: Submission Letter
Comments:
Attachment:
Association Filing Submission Letter 5.5.2011.pdf

Item Status: Approved-Closed
Status Date: 06/02/2011
Satisfied - Item: Articles & Bylaws
Comments:
Attachment:
SBU AR Bylaws 0509.pdf

Item Status: Approved-Closed
Status Date: 06/02/2011
Satisfied - Item: Red-Lined Copy of Certificate
Comments:
Attachment:
HM905 LMC-510-A rev tracked 6.2.11.pdf

Item Status: Approved-Closed
Status Date: 06/02/2011
Satisfied - Item: Response Letter
Comments:
Attachment:
6.2.2011 Response Letter.pdf

STATE OF ARKANSAS
READABILITY CERTIFICATION

This is to certify that the following forms comply with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act and have achieved a Flesch Reading Ease Score of:

FORM NO.
HM905 LMP 510-A and related forms

FLESCH SCORE
54



Signed by Company Officer

May 6, 2011
Date

Daniel J. Wright

Name

Senior Vice President, Treasurer & CFO

Title

Group Indemnity Medical Insurance



A HIGHMARK COMPANY

HM Life Insurance
Company

HM Life Insurance
Company of New York

HM Casualty
Insurance Company

RBS Re

HM Benefits
Administrators

May 6, 2011

Arkansas Department of Insurance

VIA SERFF

Re: HM Life Insurance Company
NAIC Co. #93440
Indemnity Medical Insurance Form Filing

**Small Business United Association Filing – Forms:
Certificate HM905 LMC 510-A**

Dear Sir or Madam:

The above referenced Certificate is being submitted for your review. We are submitting this filing for issue to Arkansas residents who are members of the Small Business United Association, a membership association situated in Texas. The Association will be issued the above referenced form as approved by the Texas Department of Insurance on December 21, 2010.

This form represents HM Life's Indemnity Medical product which is a type of accident and health coverage marketed in lieu of, or as a supplement to, a traditional medical plan. The above form provides a limited benefit directly to a claimant on a reimbursement basis; it does not provide health care, major medical or comprehensive medical insurance.

The form offers coverage to members and their dependents who are members of the Small Business United Association.

The Certificate is attached for your review along with the Association's By-laws, and Articles of Incorporation.

If you have any questions, please contact me at the above address, by telephone at 412-544-0923 or if you prefer via e-mail to Jennifer.bayich@hminsurancegroup.com. Thank you in advance for your time and consideration.

Sincerely,

Jennifer L. Bayich, Esq.

Compliance Analyst III

Mailing Address

PO Box 535061
Pittsburgh, PA 15253-5061

Overnight Deliveries

Fifth Avenue Place
120 Fifth Avenue
Pittsburgh, PA 15222-3099

www.hminsurancegroup.com

Telephone

412-544-1000
800-328-5433

Coverage is underwritten by HM Life Insurance Company or HM Casualty Insurance Company, Pittsburgh, PA in all states except New York. In New York, coverage is underwritten by HM Life Insurance Company of New York, New York, NY. HM Life Insurance Company, HM Benefits Administrators and RBS Re provide certain administrative and customer support services. The coverage or service requested may not be available in all states.

LHP-185 (R12-07)

Amended and Restated
Bylaws of
SMALL BUSINESS UNITED
(adopted May 15, 2009)

**ARTICLE I
NAME AND LOCATION**

Section 1. The name of the organization shall be SMALL BUSINESS UNITED (the "Association"). The Association was formerly known as Small Business United of Texas, Inc., is a Texas nonprofit corporation, and was formed on December 15, 1992.

Section 2. The Association will maintain its principal business office in Austin, Texas.

**ARTICLE II
OBJECTIVES**

The objectives of the Association shall be to:

1. Provide a forum to discuss legislation affecting United States-based small businesses.
2. Provide a unified voice for national, regional, state and local small businesses before the executive, legislative and judicial branches of federal and state government on issues affecting small business.
3. Identify and support legislation to enhance United States-based small business in the economy and oppose legislation which is unfairly detrimental to the interests of the United States small business sector.
4. Actively participate in the identification of priority issues to be raised at the national, state, and local levels.
5. Actively participate in public forums which promote small business.
6. Educate the general public regarding the interests, problems and needs of small and independent business, as a means of promoting understanding of and support for the Association's positions and activities.
7. Conduct appropriate research and investigation relative to the present and the perceived future needs and interests of the United States small business community.
8. Provide avenues of effective communications between the Association and its constituents, specifically, but not limited to: 1) informing the membership and member organizations concerning current or projected government activities; 2) eliciting membership participation through testimony or other communications as appropriate; 3) securing recommendations regarding policy positions on relevant issues.
9. Provide education for member companies and their owners and employees in the fields of management, sales, financial planning and other areas so that their businesses may prosper.
10. Provide other assistance to help its Members and small businesses succeed as is appropriate.

**ARTICLE III
MEMBERSHIP**

Section 1. Qualification. Membership in this Association shall be composed primarily of individuals, sole proprietorships, partnerships, limited partnerships, registered limited liability partnerships, corporations, business trusts, and limited liability companies that are desirous of fostering the growth and health of small business and the entrepreneurial spirit.

Section 2. Membership categories.

a Regular Membership shall be limited to businesses. Regular members will designate one representative who shall vote, and act for the member in the affairs of the Association.

b. Affiliate Membership shall be open to persons whose work and responsibilities are closely related to the purposes of the Association. The term of Affiliate membership shall be for the period during which such work and responsibilities continue, as determined by the Board of Directors from time to time. Affiliate Members shall not have the right to hold elected office, to vote on any matter, to propose a candidate for membership, or to be noticed of or attend the Annual Meeting of the Association. The Board of Directors may establish additional distinctions between Regular Membership and Affiliate Membership in its discretion.

c. Honorary Membership shall be restricted to individuals who in the discretion of the Board of Directors have done notable work in support of or are preeminent in their dedication to the purposes of the Association. Honorary Members shall not have the right to hold elected office, to vote on any matter, to propose a candidate for membership, or to be noticed of or attend the Annual Meeting of the Association. The Board of Directors may establish additional distinctions between Regular Membership and Honorary Membership in its discretion.

Section 3. Resignation and Removal. Members of any category may be removed by the Board of Directors for cause by a two-thirds vote. Any for cause removal shall occur only after the Member has been notified of the intent to remove the Member and the Member has had the opportunity in address the board at a regularly scheduled meeting. A Member may resign by filing a written resignation with the Secretary of the Association. Removal or resignation shall not relieve the affected Member of the obligation to pay any accrued dues or other charges that are unpaid.

Section 4. Admission of Members. Admission of all applicants for membership shall be made in accordance with procedures established by the Board of Directors and must be elected by a majority vote of the Board of Directors.

**ARTICLE IV
MEMBER DUES**

Section 1. Establishment of dues. Periodic dues, initial membership fees, and special assessments, if any, shall be established by the Board of Directors at any time and from time to time. The amount may vary among different classes of membership, and may vary based upon distinguishing features of Regular Members. Honorary members may be exempt from periodic dues, initial membership fees, and special assessments..

Section 2. Delinquency and cancellations. Any Member of the organization who is delinquent in dues for a period of sixty (60) days from the time dues become due, shall be notified of such delinquency. If payment of dues is not made within the next succeeding thirty (30) days, the delinquent Member is subject to removal by the Board of Directors. Any Member whose dues are one (1) year in arrears and who or that a has not previously been removed from membership shall automatically be removed from membership in the Association, but shall be eligible to reapply for membership.

Section 3. Temporary reduction of dues. The Board of Directors may, pursuant application of generally applicable procedures, temporarily reduce the dues of any Member.

Section 4. Subscription prices for Association publications. Periodic dues shall include the subscription price of any official publications of the Association. Members paying no dues or reduced dues may be charged for the official publications and other services at the discretion of the Board of Directors.

Section 5. Membership not Transferable. Membership in the Association is not transferable or assignable.

ARTICLE V
MEETINGS OF MEMBERS AND VOTING

Section 1. Annual Meeting. The Membership shall meet annually for the election of Directors, the consideration of reports or such other business as may be brought before the meeting. The Annual Meeting shall be held at a time and place established by the Board of Directors.

Section 2. Special Meetings. Special meetings of the Membership may be called by the Chairman or Vice Chairman at any time or shall be called by the Chairman or Vice Chairman upon receipt of a written request by one-third of the Members.

Section 3 Notice. Notice of any Members' meeting may be given by any officer of the Association and shall be given no less than ten (10) days before the day upon which the meeting is to be held by (1) personally serving the notice; (2) depositing into the United States Mail a written notice to the address shown upon the records of the Association; (3) sending a written notice to an electronic mail address shown upon the records of the Association, or (4) any other means permitted by the Texas Nonprofit Corporation Law. Notice is deemed given at the time an officer of the Association sends the notice. Any and all notices of meetings of members may be waived by any Member by written waiver or by personal attendance at the meeting. Notwithstanding the foregoing, pursuant to the Texas Nonprofit Corporation Law, at any time that the Association has more than one thousand (1,000) Members, the Association may in the discretion of the Board of Directors provide notice of a meeting by publication of such notice in a newspaper of general circulation in the community in which the principal office of the Association is then located.

Section 4. Chairman of the Meeting. Unless otherwise directed by the Board of Directors, the Chairman of any Meeting of the Membership shall be the Chairman of the Association.

Section 5. Voting Rights.

a) At all meetings of the Association, each Regular Member shall have one (1) vote.

b) Quorum; Approval Required. In order for the Members to vote, there must be a quorum of the Members at a meeting. A quorum of the Members for the transaction of business is the lesser of (i) one-tenth or more of the Members entitled to vote, or (ii) one hundred (100) Regular Members. Except as provided below, all matters requiring the approval of the Members shall be deemed approved if a majority of Members entitled to vote at a meeting at which a quorum is present vote in favor of a motion.

i. Election of Directors. At each election for directors every Member entitled to vote shall have the right to vote, in person or by proxy, for as many persons as there are directors to be elected and for whose election such Member has a right to vote.

ii. Amending the Certificate of Formation. In order to amend the Certificate of Formation of the Association, the Board of Directors shall adopt a resolution setting forth the proposed amendment and directing that it be submitted to a vote at a meeting of Members having voting rights. Written or printed notice setting forth the proposed amendment or a summary of the changes to be effected thereby shall be given to each Member entitled to vote at such meeting within the time and in the manner provided for the giving of

notice of meetings of Members. The proposed amendment shall be adopted upon receiving at least two-thirds of the votes which members present at such meeting in person or by proxy are entitled to cast. Notwithstanding the above, the Board of Directors may adopt one or more of the following amendments to the Certificate of Formation without Member approval:

1. extend the duration of the corporation if it was incorporated when limited duration was required by law;
2. delete the names and addresses of the initial directors;
3. delete the name and address of the initial registered agent or registered office, if a statement of change is on file with the Secretary of State; or
4. change the corporate name by substituting the word "corporation," "incorporated," "company," "limited," or the abbreviation "corp.," "inc.," "co.," "ltd.," for a similar word or abbreviation in the name, or by adding, deleting, or changing a geographical attribution to the name.

iii. Mergers and Consolidations. In order to merge the Association into another organization, the Board of Directors shall adopt a resolution approving a proposed plan of merger and shall direct that the proposed plan be submitted to a vote at a meeting of Members having voting rights. Written or printed notice setting forth the proposed plan or a summary; thereof shall be given to each Member entitled to vote at such meeting within the time and in the manner provided for the giving of notice of meetings of Members. The proposed plan shall be adopted upon receiving at least two-thirds of the votes which Members present at such meeting in person or by proxy are entitled to cast.

iv. Sale, Lease or Exchange of Assets. in order for the Association to sell, lease or exchange all, or substantially all, the property and assets of the association, the Board of Directors shall adopt a resolution approving a proposed plan regarding the sale, lease or exchange of assets and property and shall direct that the proposed plan be submitted to a vote at a meeting of Members having voting rights. Written or printed notice setting forth the proposed plan or a summary thereof shall be given to each Member entitled to vote at such meeting within the time and in the manner provided for the giving of notice of meetings of Members. The proposed plan shall be adopted upon receiving at least two-thirds of the votes which Members present at such meeting in person or by proxy are entitled to cast. After such authorization by vote of Members, the Board of Directors, nevertheless, in its discretion, may abandon such sale, lease, or exchange of assets. subject to the rights of third parties under any contracts relating thereto, without further action or approval by Members. Notwithstanding the above, if the Association is insolvent, a sale, lease or exchange of all, or substantially all, the property and assets of the Association shall be authorized upon receiving the vote of a majority of the Board of Directors.

v. Dissolution. In order for the Association to dissolve, the Board of Directors shall adopt a resolution approving a proposed plan of liquidation, winding up and dissolution and shall direct that the proposed plan be submitted to a vote at a meeting of Members having voting rights. Written or printed notice setting forth the proposed plan or a summary thereof shall be given to each Member entitled to vote at such meeting within the time and in the manner provided for the giving of notice of meetings of Members. The proposed plan shall be adopted upon receiving at least two-thirds of the votes which Members present at such meeting in person or by proxy are entitled to cast. Upon the adoption of such resolution by the Members, the Association shall cease to conduct its affairs except in so far as may be necessary for the winding up thereof, shall immediately cause a notice of the proposed dissolution to be mailed to each known creditor of and claimant against the Association, and shall proceed to collect its assets and apply and distribute them as provided in the Texas Non-Profit Corporations Act.

c) The Board of Directors shall fix, in advance, a record date to determine which Members are entitled to notice and to vote at any meeting of the Membership.

Section 6. Governance of and Determination of Agenda for Meetings. Any meeting of the Membership shall be

governed by customary parliamentary procedure and rules of order. Any Member wishing to bring new or old business matters before a meeting of the Members shall submit this business in writing to the Secretary of the Association at least two (2) weeks prior to such meeting. Such business items must be reviewed by the Board of Directors or appropriate committee thereof before any action is taken by the Membership at a meeting of the Association. The Board of Directors shall have the final decision as to which items appear on the agenda of a meeting. Any Member wishing to bring new or old business before a meeting of the Association has not been placed on the agenda by the Board of Directors may do so under suspension of the generally applicable rules of procedure for such meeting. Rules of procedure may be suspended in any meeting by a vote of two thirds of the Membership present. However, rules may not be suspended for consideration of new or old business unless the Chairman is notified forty-eight (48) hours prior to beginning of the meeting that such a request is to be made, and the Membership is notified early in the subject meeting of the nature of the new or old business to be discussed under suspension of the rules if so voted. All or part of any meeting of the Members may be closed (and held in executive session) for the purpose of conducting confidential business and shall be closed if the business involves expulsion of a Member, and if the subject Member so requests.

Section 7. Adjournment of Meetings. Any annual or special meeting of Members may be adjourned to a subsequent date by vote of the majority of the Regular Members present, in person or by proxy regardless of whether a quorum is present there at. Notice of an adjourned meeting, other than the announcement at the meeting of the adjourned date, shall not be required.

Section 8. Action Authorized Without a Meeting. Any action required by the Texas Nonprofit Corporation Law to be taken at a meeting of Members or any action which may be taken at any meeting of Members, may be taken without a meeting, without prior notice and without a vote, if the consent in writing setting forth the actions taken shall be signed by Members having not less than the minimum number of votes that would be necessary to authorize or take such action a meeting at which Members having a right to vote thereon were present and voted, and such consent is recorded in the minutes of the Association. Prompt notice of the taking of corporate action without a meeting by less than unanimous written consent shall be given to those Members who have not consented in writing.

ARTICLE VI BOARD OF DIRECTORS

Section 1. Authority and Responsibility. The Board of Directors of the Association shall supervise, control and direct the affairs of the Association, its committees and publications; prosecute its objectives and supervise the disbursement of its funds. The Board may adopt such rules and regulations for the conduct of its business as shall be deemed advisable, and may, in the execution of the powers granted, delegate certain of its authority and responsibility to the Executive Committee. The Chairman is the Chairman of the Board of Directors. In addition to the general powers conferred herein and all other powers conferred by the Bylaws, the Board of Directors shall also have the following powers:

- A. To purchase or otherwise acquire for the Association and in the name of the Association any property, personal or real, rights, or privileges which the Association is authorized to acquire, upon such terms and for such consideration as the Directors may deem proper.
- B. Within their discretion, to pay for any property or any rights acquired by the Association, either wholly or partially, in money or other securities of the Association.
- C. The Board of Directors may appoint a President of the Association to serve at the pleasure of the Board,
- D. To require bond in any such instances and to such amounts as the Directors may deem Proper.
- E. To confer, by resolution, upon any officer of the Association, the right to employ or remove any subordinate officer, agent or servant.

- F. To appoint any person or persons to hold in trust for the Association any property belonging to the Association, or in which it owns an interest, or for any other purpose, and to do all such duties as may be requisite with regard to and in relation to any such trust.
- G. To transfer by Deed or Bill of Sale any real or personal property of the Association and to execute Oil, Gas, and Mineral Leases covering the property of said Association.
- H. To create, make, and issue mortgages, bonds, deeds of trust, and trust instruments and to do every act necessary to effectuate same.
- I. To determine, by resolution, who shall be authorized to execute, on behalf of the Association, bills, notes, receipts, endorsements, checks, releases, contracts, and documents
- J. To provide for the management of the affairs of the Association in such manner as they think proper, and particularly, from time to time, to delegate any of the powers of the Directors to any officer or agent, and to appoint any person to be the agent of the Association with such powers and upon such terms as the Directors may deem proper.

Section 2. Composition. The Board of Directors shall consist of no more than eleven (11) persons: up to six (6) of whom shall be elected by the Regular Members (the "Councillors", as further described in Section 3 below), and up to five (5) of whom shall serve *ex officio* with vote. The *ex officio* members shall be the Chairman, the Chair Elect, the Vice Chairman, the Secretary of the Association and the Treasurer of the Association. The elected directors shall be referred to as "Councillors" ..

Section 3. Qualification of Councillors. The six (6) Councillors shall each serve for a term of three (3) years or until their respective successors are elected and qualified or until their earlier death, resignation, disqualification or removal. The terms of the Councillors shall be staggered so that two (2) Councillors positions become open for election at each annual meeting of the Association. Accordingly, the initial Councillors shall be designated in classes (Class I, Class II, and Class III), each class to consist of two (2) Councillors, and each initial class of Councillors shall serve for terms of varying lengths (three years, two years, and one year, respectively) in order to give effect to the staggered terms for such positions contemplated in this Section 3. The six (6) elected Councillors shall be nominated by the Nominating Committee described in Article VII of these bylaws and elected by the Regular Members in accord with Article VI. There is no limit to the number of consecutive terms a Councillor may serve. At each annual meeting of the Association, the Regular Members shall elect two (2) Councillors. Councillors need not be Members of the Association.

Section 4. Vacancies of Councillor Positions. If a Councillor is elected an Officer of the Association, or a position of Councillor becomes vacant, the Board of Directors may designate a person to fill a vacancy in any position as Councillor. The person so designated shall serve until the next annual meeting when a successor shall be elected to serve the balance of the unexpired term.

Section 5. Certain Specified Duties. The Board of Directors shall review and establish long-term objectives of the Association, assess the environment in which its Members operate, including threats, weaknesses, future trends and opportunities and based thereon establish the priority of all programs and activities. The Board of Directors shall also manage the affairs of the Association and review, establish, and modify administrative policies within the limits of the bylaws to further the purposes of the Association. The Board of Directors shall approve an annual budget; establish financial goals for the Association; oversee the financial operations of the Association; and have discretion in the control, management, investments, and disbursements of its funds. The Board of Directors and the Officers shall tender reports at such times in such manner as are required by law. All actions by the Association regarding its membership interests in other entities, if any, including voting, require approval by the Board of Directors. The Board of Directors shall have authority for all actions of the Association regarding the voting of its membership interests in other entities, if any.

Section 6. Quorum of the Board. At any meeting of the Board of Directors a simple majority of members of the Board shall constitute a quorum for the transaction of the business of the Association and any such business thus transacted shall be valid providing it is affirmatively passed upon by a majority of those present.

Section 7. Regular Meetings. The Board of Directors shall hold meetings not less frequently than semi-annually. Notice of the time and place of such regular meetings of the Board, with an agenda, shall be given at least three (3) days before each meeting in writing via any method permissible for notice of meetings of Members of the Association. Notice of any meeting may be dispensed with if all Directors, by writing filed with the records of such meeting, waive such notice.

Section 8. Special Meetings. Special meetings of the Directors may be called by the Chairman or by a majority of the Directors, provided all Directors have at least seven (7) days notice of such special meeting. Special meetings of the Directors may be held at any time, if a majority of the Directors execute a waiver of notice of the time, place and purpose of the meeting. Special meetings may be conducted by teleconference calls.

Section 9. Voting. Voting rights of Directors cannot be delegated to another member in the event of his or her absence. Voting rights of a Director may not be exercised by proxy. A majority vote of the Board present is required to pass a motion.

Section 10. Telephonic Meetings. Any meeting may be held by conference telephone or similar communication equipment, as long as all Directors shall be deemed present in person at such meeting.

Section 11. Action without Meeting. Unless otherwise provided in the Association's Certificate of Formation, any action required or permitted to be taken at any annual or special meeting of the Board of Directors, may be taken without a meeting, if a consent in writing setting forth the action so taken, shall be signed by a majority of Directors and filed with the minutes of the proceedings of the Board of Directors.

Section 12. Vacancies on Board of Directors Generally. Any vacancy occurring on the Board of Directors between annual meetings of the Membership shall be filled by the Board of Directors. A director so elected to fill a vacancy shall serve the unexpired term of his or her predecessor.

Section 13. Removal. The Board of Directors may in its discretion, by affirmative vote of two-thirds of its members, remove any Director for cause. Removal shall occur only after the Director has been notified in writing of the intent to remove the Director, and the Director has had the opportunity to address the Board of Directors at a regularly scheduled meeting.

Section 14. Compensation. Directors shall not receive any compensation for their services as Directors, provided they may receive reimbursement for travel and their expenses incidental to attendance at meetings.

Section 15. Executive Committee. The Board of Directors shall have an Executive Committee, consisting of the Officers who are Board Members, that is empowered to exercise all powers of the Board, consistent with state law, between meetings of the Board of Directors and specifically to:

- a) Establish and disband committees and task forces, and designate representatives to other organizations;
- b) Receive reports regarding proposals for membership and to consider and pass upon all candidates for membership; and
- c) Approve or disapprove all recommendations of the components of the Association and any committee or group created by or reporting to the Board of Directors; to approve all nominations to all committees, councils, and commissions, except as membership is specified.

All actions of the Executive Committee shall be submitted to the Board of Directors as a whole for ratification. By a vote of seven members of the Board of Directors, the powers of the Executive Committee may be limited or by vote of seven (7) members of the Board of Directors, the Board of Directors could delegate final decision making to the Executive Committee. The Executive Committee may conduct its business using such means of communication as it deems appropriate. A majority of the Executive Committee members shall constitute a quorum for purposes of conducting business. A written record of the actions of the Executive Committee will be kept. The Executive

Committee shall review and evaluate performance of existing members of all committees and task forces and develop systems, policies and procedures to assure that all membership thereon is appropriate to the relevant mission and that prospective appointments meet the needs of the organization.

Section 16. Financial Management. The Board of Directors shall receive, consider and approve before the beginning of the fiscal year a budget. The Board shall, by formal resolution, establish the procedure for incurring obligations and making expenditures, including, but not limited to, how many and whose signature(s) shall be required on checks of various amounts and what delegations of financial management, if any, may be made.

Section 17. Conflict of Interest Provision. Each officer and director is obligated to disclose, promptly, to the Board of Directors any relationship or activity which may constitute (or appear to constitute) a conflict of interest of a business, professional or policy kind. The Board (or Executive Committee, after notice to the Board) shall determine the significance of the consequences of the conflict.

Section 18. Indemnification. Every director, officer, and employee of the Association shall be indemnified by the Association against all expenses and liabilities, including counsel fees, reasonably incurred or imposed upon them in connection with any proceeding to which they may have been made a party, or in which they any become involved, by reason of being or having been a director, officer or employee of the Association, or as a representative of the Association on the boards of other associations, or any settlement thereof whether the person is a director, officer or employee at the time such expenses are incurred, except in such cases wherein the director, officer or employee is adjudged guilty of willful misfeasance or malfeasance in the performance of duties as determined by the Board of Directors. The foregoing right of indemnification shall be in addition to and not exclusive of all other rights to which such director, officer or employee may be entitled.

ARTICLE VII OFFICERS AND DUTIES OF OFFICERS

Section 1. Elected Officers. The Board of Directors shall elect officers of the Association. Elected officers of the Association shall be the Chairman, Chair-Elect, Vice Chairman, President, Treasurer, and Secretary. No person may hold more than one office at any given time. Officers need not be Members of the Association.

Section 2. Chairman. The Chairman shall be the chief executive of the Association and shall have general supervision of the business of the Association under the direction of the Board. The Chair shall preside at all meetings of the Association and shall serve as Chair of the Board of Directors and Executive Committee. With the approval of the Board of Directors, the Chair shall appoint chairs and members of the committees set forth in these Bylaws and any ad hoc committee or group that the Board of Directors establishes. The Chair shall be an ex officio, non-voting member of all councils and committees of the Association and all ad hoc committees and task forces established by the Board of Directors. The Chair shall report to the Board of Directors on official activities and shall advise the Board of Directors on such matters as may further the purposes of the Association. The Chair shall also carry out such other duties as may be assigned to him by the Board of Directors.

Section 3. Chair-Elect. The Chair-Elect, in the absence or inability of the Chair to act, shall preside at meetings of the Association, serve as Chair of the Board of Directors, and shall also perform such other duties as may be assigned from time to time by the Board of Directors or the Chair.

Section 3. Vice Chairman. The Vice Chair, in the absence or inability of both the Chair and the Chair-Elect to act, shall preside at meetings of the Association and serve as Chair of the Board of Directors. The Vice Chair shall perform such other duties as may be assigned by the Chair or the Board of Directors.

Section 4. Treasurer. The Treasurer shall be responsible for general supervision of accounting for the financial operations of the Association and in general perform all the duties incident to the office of Treasurer and such other duties as, from time to time, may be assigned to him/her by the Chairman or the Directors

Section 5. Secretary. The Secretary shall oversee the keeping of the records of the meetings of the members and of

the Directors, the memberships lists and all of the records of the Association not kept by the Treasurer.

Section 6. President.

- a) The Board of Directors may appoint or hire a President of the Association.
- b) Authority and Responsibility . The President shall be the Chief Operating Officer of the Association, shall report to the Chairman, and shall be responsible for the management and direction of all activities of the Association as prescribed by the by-laws, the Executive Committee. and the Board of Directors. The President shall be responsible for the selection of any staff personnel. The President shall serve as member ex-officio but without right to vote, on all committees.
- c) Removal. Any removal of the President shall occur only after the President had been notified of the intent to remove him or her, and he or she has had the opportunity to address the Board of Directors at a regularly scheduled meeting. The President will be subject to removal by a majority of those present at a regular meeting of the Board of Directors or at a special meeting called for that purpose.

Section 7. Terms of Office. The Vice Chair shall serve for a term of one year and shall succeed automatically to the office of Chair-Elect and then to the office of Chair, serving one year in each office. The President, if any, and the Secretary and Treasurer shall each serve in such office until his or her replacement is duly appointed by the Executive Committee or the Board of Directors. Neither the Chair, the Chair-Elect, nor the Vice Chair may serve more than one full term except as provided with respect to an unexpired term in Article VI, Section 4.

Section 8. Compensation. Officers of the Association shall be compensated in such amount as is fixed by the Board of Directors at any time and from time to time.

Section 9. Vacancies. Any vacancy occurring for any reason in any of the offices named above shall be filled by the Board, subject to the following provisions.

- a) Chair. If the Chair dies or resigns, is unable to perform the duties of the office, or if the office otherwise becomes vacant, the Chair-Elect shall immediately become Chair and shall serve for the balance of the last Chair's term and the term to which the Chair-Elect would have succeeded in due course. If there is a vacancy in the office of Chair- Elect when the vacancy in the office of Chair occurs, then the Vice Chair shall immediately become Chair and shall serve for the balance of the last Chair's term and thereafter until the close of the second Annual Meeting following his or her election as Vice Chair.
- b) Chair-Elect. If the Chair-Elect dies or resigns, is unable to perform the duties of the office, or if the office otherwise becomes vacant, then the Vice Chair shall perform the duties of the Chair-Elect until the next Annual Meeting, at which time the Vice Chair shall succeed to Chair and both a Chair-Elect and a Vice Chair shall be elected.
- c) Vice Chair. If the Vice Chair dies or resigns, is unable to perform the duties of the office, or if the office otherwise becomes vacant, then the Board of Directors may fill the vacancy for the balance of the unexpired term, but the person so selected shall not automatically succeed to Chair-Elect. A Vice Chair and a Chair-Elect shall be elected in the usual manner at the next Annual Meeting of the Association.

**ARTICLE VIII
NOMINATING COMMITTEE**

Section 1. Composition and Selection. The Nominating Committee shall consist of six (6) members, at least one of whom must be a current Director of the Association, to serve a one year term. The Past-Chair of the Association shall also serve as a member and as Chair of the Committee for a one year term. The remaining four members of the Nominating Committee shall be derived from the Nominating Committee Slate as described in Section 2 below.

The members of the Nominating Committee shall be appointed by the Board of Directors within sixty (60) days of the conclusion of the Annual Meeting.

Section 2. Functions. The Nominating Committee shall prepare three (3) slates: one for the Officers of the Association (the "Officers Slate"); one for the Councillors of the Association (the "Councillors Slate") and one for the members of the following year's Nominating Committee (the "Nominating Committee Slate"), each of which are described below.

The Officers Slate shall consist of a slate of nominations for election to (a) the office of Vice Chair, and and (b) the offices of Chair and Chair-Elect when necessary. With respect to the Officers Slate, which slate shall be presented to the Board of Directors for election in the manner set forth below, the slate shall consist of such individuals as are in the judgment of the Nominating Committee of suitable temperament and ability to serve the Association in the relevant position

With respect to the Councillors Slate, such slate shall be prepared consistent with Article VI, Section 3 of these Bylaws and presented to the Voting Members in the manner set forth below.

The Nominating Committee Slate shall consist of four (4) Regular Members, two (2) of whom shall be elected by ballot by the Voting Members to serve as members of the Nominating Committee the following year, and two (2) of which shall be selected by the Nominating Committee in their discretion. It is the responsibility of the Nominating Committee to propose candidates for Councillor and the Nominating Committee, to maintain a Board of Directors and Nominating Committee, respectively, that reflect, in so far as possible, the scope and diversity of the Association membership and, in the case of the Board of Directors, that provides expertise necessary to create, evaluate and assess the strategic objectives and directions of the Association.

The Nominating Committee shall submit the Officers Slate, the Councillors Slate, and the Nominating Committee Slate to the Board of Directors at least one hundred twenty (120) days before the Annual Meeting. The Board of Directors may receive the report or may reject it.

Additional nominations for Officers and Councillors, but not from the Nominating Committee, may be made with a petition signed by at least one hundred (100) Regular Members and submitted to the Secretary at least one hundred (100) days before the Annual Meeting.

If after the Nominating Committee has reported and prior to the Annual Meeting, any candidate dies, becomes incapacitated, withdraws or becomes disqualified to serve, then the Nominating Committee shall promptly select a substitute candidate and immediately file the name of such candidate with the Chair. If such substituted candidate is named after ballots have been mailed pursuant this Article, the Chair promptly shall notify all Voting Members thereof by mail.

Section 3. Process. The Secretary shall oversee the election process.

- a) The Nominating Committee shall meet with the Chair (and with the other officers, if feasible) to review the programs and strategic directions approved or under consideration by the Board of Directors and to identify qualities and expertise needed on the Board of Directors to further said strategic directions. In no case shall such discussions involve suitability of any specific member for any specific position.
- b) The Nominating Committee shall meet at least one additional time to nominate candidates for election to the Nominating Committee, to the Board of Directors and as officers.
- c) The membership will be publicly solicited to propose themselves or other eligible members for the Nominating Committee to consider for all positions to be elected by the Voting Members.
- d) The Nominating Committee shall propose rules, policies and processes not inconsistent with these Bylaws for treatment, consideration, evaluation and selection of nominees, all of which must be approved by the Board of Directors before they become effective.
- e) At least sixty (60) days before the Annual Meeting, the Secretary shall mail copies of the Councillors

Slate and the Nominating Committee Slate to the Voting Members for their vote as well as a copy of the Officers Slate for their general information. Such slates will also include any additional nominations for Officers and elected Councillors and the ballot containing the names of the eight candidates for membership on the Nominating Committee to the Voting Members.

Section 4. Election.

- a) The ballot of candidates mailed by the Secretary sixty (60) days before the Annual Meeting must be returned to the Secretary at least thirty (30) days before the meeting. The Secretary shall count the ballots and report the results of the election at the Annual Meeting.
- b) Process: The election process shall be by mail, facsimile or electronic ballot under the supervision of and pursuant to written rules issued in advance by the Secretary.
- c) Nominations from the floor of the meeting will not be accepted.

Section 5. Election Standard. A plurality of the votes cast shall be necessary to elect.

Section 6. Installation. The Councillors and Officers shall take office at the close of the Annual Meeting at which they are elected.

**ARTICLE IX
OTHER COMMITTEES**

Section 1. Other Committees. In addition to the Nominating Committee (described in Article VI of these Bylaws) and the Executive Committee (described in Article IV, Section 9 of these Bylaws), the Association may have such other committees as determined by the Board of Directors. No such committee, other than the Executive Committee, shall have or exercise any authority regarding the management of the Association or have or exercise any of the powers reserved by law or these Bylaws to the Board of Directors.

Section 2. Function of Committees. Committees and all other entities created under or pursuant to this Article IX (hereinafter, "committees") shall have the responsibility and obligation to develop programs to implement organizational strategies and directions as approved by the Board of Directors. Each such committee, within its scope of operation and mission, shall develop recommendations on how best to implement said strategies and directives for consideration by the Board of Directors. Last, committees shall oversee implementation of those policies and programs approved by the Board of Directors. Committees shall have only those powers granted herein and shall not have authority or power to contract with any outside party. The Board of Directors may establish administrative rules for committees at its discretion.

**ARTICLE IX
INDEMNITY**

Notwithstanding any other provision of these Bylaws, the Association shall have the power to indemnify any person to the fullest extent permitted under Chapter 8 of the Texas Business Organizations Code, or any successor provision or statute, as may from time to time be amended or enacted, including the advancement of any expenses (including attorneys' fees) incurred or to be incurred by any officer or director in defending any civil, criminal, administrative or investigative action, suit or proceeding prior to the final disposition of such action, suit or proceeding. Additionally, the Association may by act of the Board of Directors purchase or procure or establish or maintain insurance or other arrangements to indemnify or hold harmless an existing or former governing person, delegate, officer, employee or agent against any liability asserted against and incurred by the person in that capacity or arising out of the person's status in that capacity.

ARTICLE IX
AMENDMENTS

These bylaws may be amended or repealed by a vote of the Board of Directors by a vote of a majority of the directors present at any meeting of the Board at which a quorum is present, and not otherwise, provided that notice of the proposed amendment, alteration, or repeal shall have been delivered to each director of the Association with the notice of the meeting at which the proposed amendment, alteration, or repeal will be presented to the Board for action.

HM Life Insurance Company

120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

HM Life Insurance Company, certifies that you will be insured under the Group Policy Number issued to the Policyholder shown below during the time, in the manner, and for the amounts provided in the Group Policy.



President

POLICYHOLDER:	Small Business United
GROUP POLICY NUMBER:	[*]
POLICY EFFECTIVE DATE:	[*]
CERTIFICATE EFFECTIVE DATE:	[*]
STATE OF ISSUE:	Texas

A Group Policy has been issued to the Policyholder. Your coverage under that Group Policy is shown in this Certificate. If your coverage is changed by an amendment to the Group Policy, We will provide the Policyholder with a revised Certificate or other notice to be given to you.

PLEASE READ THIS CERTIFICATE CAREFULLY

This Certificate of Insurance has a Table of Contents to help you find specific provisions. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Certificate Effective Date shown above, at the Policyholder's address. The laws of the State of Issue shown above govern this Certificate.

"You" and "your" refer to the Covered Employee. The "Company", we", "us", and "our" refer to **HM Life Insurance Company**. Other defined terms are printed with an initial capital letter.

• GROUP INDEMNITY MEDICAL INSURANCE CERTIFICATE • NON-PARTICIPATING

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

THIS CERTIFICATE DESCRIBES THE GROUP INDEMNITY MEDICAL INSURANCE PROVIDED UNDER THE GROUP POLICY. THE GROUP POLICY DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL INSURANCE.

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SCHEDULE OF BENEFITS

This Certificate is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to the benefits provided by the Policy under this Certificate please read all the provisions carefully.

Eligible Persons: An Eligible Person is an individual who *[include when there is more than one class of Eligible Persons - meets all of the requirements of one of the Covered Classes shown below]* [is [a full-time employee of the Policyholder who works at least [15] hours per week.]]

- [Class 1 All employees of the Policyholder who are officers
- Class 2 All employees of the Policyholder who are managers or supervisors
- Class 3 All other employees of the Policyholder]

Eligibility Waiting Period

The Eligibility Waiting Period is the period of time an Employee must be in a Covered Class to be eligible for this insurance. It will be extended by the number of days the Employee is not in Active Service.

For Employees hired [[31 days] or more] before [No Waiting Period] the Policy Effective Date:
 For Employees hired [less than [31 days] before, [No Waiting Period; 31 days]] or] after the Policy Effective Date:

MEDICAL INDEMNITY BENEFITS

This *Schedule of Benefits* provides a brief outline of the Medical Indemnity Benefits provided by the Policy under this Certificate. Please read the *Description of Benefits* section for full details.

Covered Expense	Benefit Amount
In-Patient Hospital Services	
Maximum Daily In-Hospital Benefit	[\$100-\$2,000]
Maximum Days per [Plan] Year	[20-365]
[Additional Daily Benefit for the first day of Hospital confinement (limited to [1-2] admissions per [Plan] Year)]	[\$100-\$2,000]
[Daily ICU, CCU, NICU or PICU Benefit]	[\$100-\$4,000]
[Maximum Days per [Plan] Year]	[1-90]
[Mental / Nervous Conditions Benefit]	[50% of the Daily In-Hospital Benefit]
[Maximum Days per [Plan] Year]	[10-30]
[Substance Abuse Benefit]	[50% of the Daily In-Hospital Benefit]
[Maximum Days per [Plan] Year]	[10-30]
Out-Patient Hospital Services	
Daily Out-Patient Treatments	[\$25-\$500]
Maximum Days per [Plan] Year	[1-8]

Out-Patient Diagnostic Testing Benefit

Daily Out-Patient Tests	[\$25-\$500]
Maximum Days per [Plan] Year (limited to one test per day)	[1-8]

Hospital Emergency Room Benefit

Benefit Amount per Visit	[\$100 - \$500]
Maximum Visits per [Plan] Year for Covered Accidents	[1-5]
Maximum Visits per [Plan] Year for Covered Sickness	[1-5]

[Physician Services]**[Surgery Benefit]**

Maximum Procedures per [Plan] Year[*]	[See Schedule of Surgical Procedures] [1-5]
--	--

[* Exceptions apply – See Schedule of Excepted Procedures]

[Anesthesia Benefit]

[20% of the Surgery Benefit payable for the procedure performed]

[Inpatient Visits]

Benefit per Visit	[\$30 - \$100]
[Maximum Number of Visits per [Plan] Year (Limited to 1 visit per day]	[1-6]

[Office Visits]

Maximum Benefit per Visit]	[\$30-\$100]
[Maximum Number of Visits per [Plan] year]	[1-15]

[Outpatient Prescription Drug Benefit]

[Generic Drugs Benefit]	[\$2-\$20]
[Maximum generic prescriptions per [Plan] year]	[1-24]

[Brand Drugs Benefit]	[\$2-\$30]
[Maximum brand prescriptions per [Plan] year]	[1-24]

[Home Health Care Benefit]

[Benefit per day]	[\$20-\$50]
[Maximum number of days per [Plan] Year]	[5-75]

[Ambulance Service]

Benefit per Trip	[\$75-\$300]
Maximum Number of Trips per [Plan] year]	[1-3]

[Wellness Service Benefit]

[Benefit per Service] [\$25-\$100]
[Maximum Services]
per [Plan] Year [1-3]

[Wellness Screening Test Benefit]

[Benefit per [Test] [Day] [\$20-\$150]
[Maximum [Tests] [Days]
per [Plan] Year [1-3]

Contributions

The [entire] cost of this insurance is paid by [the] [Policyholder] [and] [Covered Persons].

GENERAL DEFINITIONS

Please note that certain words used in this Certificate have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our the words defined below and capitalized within the text of this Certificate have the meanings set forth below.

Active Service means that the Covered Employee is either:

1. at work on one of the Employer's scheduled work days and is performing his regular duties on a full-time basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires him to travel;
2. on a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, only if the Employee was in Active Service on the preceding scheduled workday.

A Covered Person is considered in Active Service if he is none of the following:

1. an Inpatient in a Hospital, Skilled Nursing Facility, rehabilitation hospital, convalescent facility or receiving Outpatient care or chemotherapy or radiation therapy;
2. confined at home under the care of a Physician for a treatment of a Covered Sickness or of injury sustained in a Covered Accident; or
3. totally disabled.

Autism Spectrum Disorder means a neurobiological disorder (defined below) that includes Autism, Asperger's Syndrome, or Pervasive Development Disorder-- Not Otherwise Specified.

Ambulance Service means an entity which is licensed by the state, where required, which provides local air or land transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured. A Trip means transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured, for example:

- a. from a Covered Person's home, the scene of an accident or medical emergency to a Hospital or skilled nursing facility; or
- b. between Hospitals; or
- c. between a Hospital and skilled nursing facility

Treatment means care, services or supplies, provided by or at the direction of a Physician for a Covered Expense.

Company or we, us or our means HM Life Insurance Company, domiciled in Pennsylvania.

Covered Accident means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. occurs while the Covered Employee is covered under this Certificate or is not subject to the Pre-Existing Condition Limitation;
2. treatment must be rendered within 72 hours of such Covered Accident;
3. is not contributed to by disease, sickness, or mental or bodily infirmity; and
4. is not otherwise excluded under the terms of this Certificate.

Covered Employee means an Eligible Person, as defined in the *Schedule of Benefits*, for whom an enrollment form has been accepted by us and required premium has been paid when due and for whom coverage under this Certificate remains in force.

Covered Expenses means the benefits shown, for services or supplies listed, in the *Schedule of Benefits* and described in the *Medical Indemnity Benefits* section of this Certificate. Covered Expenses must be Incurred by a Covered Person for Treatment of a Covered Accident or a Covered Sickness.

Covered Person means a Covered Employee, an eligible spouse and eligible dependent children who are covered under this Certificate.

Covered Sickness means a bodily disorder, disease, physical or mental condition, functional nervous disorder, pregnancy, or complication of pregnancy that:

1. is first manifested while the Covered Person is covered under this Certificate or is not subject to the Pre-Existing Condition Limitation; and
2. is not otherwise excluded under the terms of this Certificate.

A Covered Sickness includes congenital defects and birth abnormalities of a newborn child.

Eligible Dependent means the Covered Employee's:

1. lawful spouse, unless such spouse is eligible for medical coverage as a Covered Employee under this Policy; and
2. unmarried natural or step child, unless such child is eligible for medical coverage as a Covered Employee under this Policy and who:
 - a. is less than [19] [26] years old; or
 - b. [each of your unmarried children who is under [25] years of age and attending an accredited educational institution as a full-time student.]
 - c. becomes incapable of self-support because of mental retardation or physical handicap before reaching the limiting age for dependent children. The Company must receive proof of incapacity within a reasonable time ~~31 days~~ after coverage would otherwise terminate. This insurance will continue for as long as the Covered Employee's insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age [25] [26];
 - d. is adopted by or placed for adoption with, or is party in a suit for adoption by, the Covered Employee; or
 - e. is required to be provided coverage by the Insured or his spouse under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a

judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609[a]).

Eligible Person means an individual as defined in the *Schedule of Benefits*

[Provide **Evidence of Insurability** means a Covered Person must upon request and at their expense:

1. Complete and sign our health and medical history form.
2. Sign our form authorizing us to obtain information about his health and other insurance coverage.
3. Provide any additional reasonable information about his insurability that we request.
4. Undergo a physical examination and testing at our request.]

He, him or his means an individual, male or female.

Hospital means an institution that meets all of the following:

1. it is licensed and accredited by the Joint Commission on Accreditation of Health Care Organizations as a Hospital pursuant to applicable law; it is primarily and continuously engaged in providing medical care and treatment to a sick and injured persons;
2. it is managed under the supervision of a staff of legally licensed physicians;
3. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
4. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
5. it charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent or custodial care;
2. the aged; or
3. Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person Incurs an expense.

Hospital Stay means a confinement in a Hospital, ordered by a Physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a Covered Accident or a Covered Sickness. Separate Hospital Stays due to the same Covered Accident or Covered Sickness will be treated as one Hospital Stay unless (a) separated by at least [90] days or (b) a Covered Employee returns to Active Service for [30] or more days between Hospital Stays.

Incurred or Incurs means an obligation to pay for a Covered Expense for treatment, service or purchase of supplies, deemed to be the date it is provided to the Covered Person.

In-Patient means a Covered Person who is confined for at least one full day or twenty-four (24) continuous hours in a Hospital and incurred room and board charges. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case The term "Inpatient" shall mean [a Covered Person] who is required to be confined for a period of at least a full day or

twenty-four (24) continuous hours as determined by the Hospital.

Out-Patient means a Covered Person who receives covered treatment, services and supplies while not an Inpatient in a Hospital.

Physician means a licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:

1. employed or retained by the Policyholder; or
2. living in the Covered Person's household; or
3. a parent, sibling, spouse or child of the Covered Person.

Policyholder means the entity shown on the cover page of this policy.

[Pre-Existing Condition means any injury sustained in an accident that occurred, or a sickness that first manifested itself before the Covered Person's effective date of coverage under this Policy and for which the Covered Person has not received any diagnosis, medical advice, care or treatment within the 6-month period immediately preceding His effective date of coverage.

A pregnancy that existed on a Covered Person's effective date will not be considered as a Pre-Existing Condition.

Benefits for Pre-Existing Conditions may be limited. Please read the *Description of Medical Indemnity Benefits* section for any applicable limitations.]

You or your mean the Covered Employee.

ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS

Certificate Effective Date

We agree to provide Medical Indemnity Insurance Benefits described in this Certificate in consideration of your enrollment and payment of the contributions, if any, when due. Your coverage under this Certificate's begins on the date you are eligible.

Eligibility

An employee becomes eligible for insurance under the Policy on first of the month following the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*. Dependents of an Eligible Person become eligible for any dependent insurance provided by this Certificate on the later of first of the month following the date the employee becomes eligible and first of the month following the date the spouse or dependent child meets the applicable definition shown in the *Definitions* section of this Policy.

No person may be eligible for insurance under the Policy as both an Employee and a spouse or dependent child at the same time.

[If both spouses are eligible as employees, the dependent children, may be covered under only one employee, but not both of them.]

[If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have no dependent children;

1. both will be insured as Covered Employees when a Covered Employee is not required to contribute to the cost of his insurance; and
2. both may be insured as Covered Employees or one may elect to insure the other as an Eligible Dependent when a Covered Employee is required to contribute to the cost of his insurance.

If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have dependent children;

1. both [will] [may] be insured as Covered Employees and dependent coverage will be provided via only the parent whose birthday occurs first during a [Plan] year, when a Covered Employee is not required to contribute to the cost of his dependents' insurance; and
2. both may be insured as Covered Employees but only one may elect dependent coverage to insure dependent children, when a Covered Employee is required to contribute to the cost of his dependents' insurance.]

[A spouse that does not meet the definition of an Eligible Person or a dependent child may elect to be insured as an Eligible Dependent provided one spouse meets the definition of an Eligible Person as shown in the *Schedule of Benefits*.]

Insurance becomes effective for an eligible employee who enrolls and agrees to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the employee becomes eligible;
3. first of the month following the date we receive the employee's completed enrollment form and the required first contribution, if any, during his lifetime.

Insurance becomes effective for an employee's Eligible Dependent[s] if [he] [the employee] enroll[s] and agree[s] to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the employee becomes eligible;
- [3.] [first of the month following the date the employee's insurance becomes effective];;
- [4.] first of the month following the date the dependent meets the definition of spouse or dependent child, as applicable;
- [5.] first of the month following the date We receive a completed enrollment form for [such person's] [spouse and dependent child] coverage and the required first premium, during [such] [each] dependent's lifetime.

Insurance becomes effective for a newborn dependent child automatically from the moment of the child's live birth. Insurance for that dependent child automatically ends ~~31~~ 90 days later unless [the Employee has a Spouse or] other Dependent Children [are] insured under this Policy or [makes] a request [is made] to cover the child and [pays] the required initial premium [is paid], during the child's lifetime.

Deferred Effective Date

The effective date of insurance will be deferred for any employee who is not in Active Service on first of the month following the date he would otherwise have become an Eligible Person. Coverage will become effective on the later of first of the month following the date he returns to Active Service and first of the month following the date coverage would otherwise have become effective.

Late Enrollee

An Eligible Person will be considered a late enrollee if he does not apply for coverage under this Certificate within 31 days of first of the month following the date he is first eligible.

[Coverage for any late enrollee will become effective on the first of the month following the date he completes a [90-day] late enrollee waiting period and submits the required premium.]

[If an Eligible Person does not apply for insurance under this Policy within 31 days of the date he is first eligible, he must provide satisfactory Evidence of Insurability to become insured. Coverage for any late enrollee will become effective on [the day following] [the first day of the month] [coinciding with or next following] the date we approve the Covered Person's Evidence of Insurability.]

Effective Date of Changes

Any increase or decrease in the amount of insurance for the Covered Person resulting from a change in benefits provided by this Policy or a change in the employee's Covered Class will take effect on first of the month following the date of such change. Increases will take effect subject to any Active Service requirement.

Termination of Insurance

Please read the *Continuation Provisions* section of this Certificate for information on continuation after eligibility for coverage would otherwise end.

The insurance on a Covered Person will end on the earliest date below:

1. first of the month following the date this Certificate or insurance for a Covered Class is terminated;
2. the next premium due date after first of the month following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Certificate;
3. [the next premium due date after first of the month following the date the Covered Person attains age 70;]
4. the last day of the last period for which contributions, if any, are paid;
5. the end of any period of continuation, as provided in the *Continuation Provisions*; and
6. with respect to an Eligible Dependent, first of the month following the date of the death of the Covered Employee or first of the month following the date of divorce from the Covered Employee.

Termination will not affect a claim for Covered Expenses Incurred while coverage was in effect.

Continuation Provisions

Continuation may be available after the termination of this insurance. Please contact your employer for details.

CLAIM PROVISIONS

Notice of Claim

Written or authorized electronic/telephonic notice of claim must be given to us within [31] days after a Covered Expense is Incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent]. Notice should include the Policyholder's name and policy number and the Covered Person's name, address, and Policy Number.

Claim Forms

We will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not sent within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Certificate for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

Proof of Loss

Written or authorized electronic proof of loss satisfactory to us must be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent] within 90 days of the loss for which claim is made. If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

Time of Payment of Claims

We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss.

Payment of Claims

All benefits will be paid in United States currency. All benefits payable under this Certificate, unless otherwise stated, will be payable to the Covered Person or to his estate.

[If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.]

Claim Administration

For plans subject to the Employee Retirement Income Security Act (ERISA), The plan administrator of the employer's employee welfare benefit plan (the plan) has selected us as the

plan fiduciary under federal law for the review of claims for benefits provided by this Certificate and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of plan documents, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no fiduciary responsibility with respect to the administration of the plan except as described above. It is understood that our sole liability to the plan and to participants and beneficiaries under the plan shall be for the payment of benefits provided under this Certificate.

We may contract with another entity to perform this function on our behalf.

Physical Examination and Autopsy

We, at our own expense, have the right and opportunity to examine the Covered Person when and as often as we may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions

No action at law or in equity may be brought to recover under this Certificate less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Certificate. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Certificate.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

GENERAL PROVISIONS

[10 Day Right To Examine Certificate

If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to Us within 10 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.]

Assignment

[The rights and benefits provided by this Certificate, except as provided herein, may not be assigned. The payee may, after a benefit or series of benefits has become payable, assign only those benefits. Such assignment will be valid only if we receive it before any of those benefits have been paid and only for benefits payable for claims arising from the same Covered Accident or Covered Sickness. Any other attempt to assign will be void.]

[The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the Policyholder).]

Incontestability

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Certificate are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

DESCRIPTION OF INDEMNITY MEDICAL BENEFITS

This Section describes the Medical Indemnity Benefits provided by this Certificate. Benefit amounts and any applicable benefit-specific maximums or limits are shown in the *Schedule of Benefits*. Please read these sections in order to understand all of the terms, conditions and limitations applicable to these benefits.

MEDICAL EXPENSE BENEFITS

We will pay the benefits amount shown in the *Schedule of Benefits* for Covered Expenses Incurred by a Covered Person, subject to all applicable conditions and exclusions, for Treatment of an injury sustained in a Covered Accident or for Treatment of a Covered Sickness. All benefit amounts and any applicable maximums are shown in the *Schedule of Benefits*, and, unless otherwise specified, are payable on a per Covered Person basis. For other than Surgery, the amount we will pay is limited to the dollar amount shown in the Schedule of Benefits for the Covered Expense, or the provider's billed charge, if less. The amount we will pay for any one Surgical Procedure is limited to the dollar amount shown in the *Schedule of Surgical Procedures*, or the surgeon's billed charge, if less.

Covered Expenses:

In-Patient Hospital Services

If a Covered Person while insured is confined in a hospital as a result of a Covered Accident or a Covered Sickness, we will pay a benefit for each day of Confinement, up to the Maximum Number of Days per [Plan] year, as shown in the *Schedule of Benefits*. No benefit will be paid for any day the Covered Person is not under the regular care and attendance of a Physician.

Benefits will be payable for a Covered Person while confined in an intensive care unit, coronary care unit, neonatal intensive care unit or pediatric intensive care unit up to the Maximum Number of Days per [Plan] year, as shown in the *Schedule of Benefits* for a Covered Accident or Covered Sickness. This benefit and the Daily In-Hospital Benefit together will be limited to the Maximum Number of Days as shown in the *Schedule of Benefits* for the Daily In-Hospital Benefit.

The Maximum Days shown in the *Schedule of Benefits* applies to the total of days of intensive, coronary, neonatal or pediatric intensive care and any other days of confinement per [Plan] year, including treatment of mental / nervous disorders or substance abuse treatment.

No benefit will be paid for any period the Covered Person is not confined to a Hospital as an inpatient during a Hospital Stay.

Outpatient Hospital Services

We will pay an Outpatient Hospital Services Benefit for each day, up to the maximum number of days, as shown in the *Schedule of Benefits*, for each day a Covered Person receives Treatment for an injury sustained in a Covered Accident, or for Treatment of a Covered Sickness, provided when he is an Outpatient.

Outpatient Diagnostic Testing Services

We will pay a benefit for Outpatient Diagnostic Testing Services when laboratory tests or x-rays are performed for the purpose of diagnosis of a Covered Accident or Covered Sickness as indicated by symptoms that would suggest an Injury or Sickness has occurred, while the Covered Person is not confined in a Hospital. This benefit is limited to once per Testing Day, not to exceed the Maximum Number of Testing Days per [Plan] Year shown in the *Schedule of Benefits*.

Emergency Room Treatment

We will pay a Hospital Emergency Room Benefit for Treatment provided in an outpatient emergency room of a Hospital or licensed facility, up to the maximum number of visits annually shown in the *Schedule of Benefits*.

Autism Spectrum Disorder -- If the optional "Mental/Nervous Disorder" benefit is chosen, then coverage must be provided for an eligible enrollee/dependent who is older than 2 years of age but less than six years of age who is diagnosed with autism spectrum disorder. Coverage will be provided for all generally recognized services prescribed in relation to autism spectrum disorder by the enrollee's primary care physician in the treatment plan recommended by that physician. Generally recognized services may include evaluation and assessment services, applied behavior analysis, behavior training and behavior management, speech therapy, occupational therapy, physical therapy, or medications or nutritional supplements used to address symptoms of autism spectrum disorder.

[Physician Services

Surgery – If a Covered Person undergoes a surgical procedure listed in the Schedule of Surgical Procedures as a result of a Covered Accident or Sickness, and surgery is performed in a Hospital while confined or on an outpatient basis, Ambulatory Surgical Center, or in the Physician's office, we will pay the benefit shown in the *Schedule of Surgical Procedures*.

A list of common procedures and the maximum amount for each is shown in the *Schedule of Surgical Procedures*.

If two or more procedures are performed through the same incision or operative site, the benefit

paid will be for only the procedure that has the larger benefit. If more than one procedure is performed, but each through a separate incision or in a separate operative field, the amount payable will be the specified amount for the primary procedure plus 50% of the amount payable for all other surgical procedures performed.

With respect to a surgical procedure not listed in the *Schedule of Surgical Procedures*, we will pay an indemnity benefit amount consistent with similar procedures that are listed in the *Schedule of Surgical Procedures*.

[Anesthesia – We will pay a percentage, as shown in the *Schedule of Benefits*, of the surgical benefit for anesthesia and its administration.]

[In-Patient Hospital Visits - We will pay for Inpatient Hospital visits, for a Covered Accident or Covered Sickness, up to the maximum number of visits shown in the *Schedule of Benefits*, for physician services rendered while confined in a Hospital.]

[Office Visits – We will pay the Physician Office Visit Benefit, shown in the *Schedule of Benefits*, for a Physician office visit as a result of a Covered Sickness or Covered Accident, for services rendered in the Hospital Emergency Room for a Covered Sickness and a wellness / physical visit up to the Maximum Number of Office Visits per [Plan] Year shown in the *Schedule of Benefits*].

[Out-Patient Prescription Drugs

We will pay a Benefit for drugs that (a) can only be obtained through a Physician's written prescription; and (b) are approved for such prescription use by the Food and Drug Administration (FDA).

The maximum number of prescriptions available per [Plan] year are shown in the *Schedule of Benefits*.

[Home Health Care

We will pay Covered Expenses Incurred for care and treatment rendered to a Covered Person by a Home Health Care Agency, for the maximum number of days shown in the *Schedule of Benefits* for:

1. part-time nursing care provided or supervised by a registered graduate nurse;
2. part-time Home Health Aide service which consists of caring for the patient;
3. physical, speech and occupational therapies when indicated in conjunction with the Covered Person' approved by His Physician;
4. nutritional counseling; and
5. medical social services by a qualified social worker licensed by the jurisdiction in which services are rendered.]

[Ambulance Services

Benefits are payable for professional transportation furnished by a duly licensed ambulance service to the nearest facility equipped to treat a Person's Covered Accident or Sickness. This does not include transportation solely to the Covered Person's personal Physician, or to secure treatment from a Physician, or a facility of greater renown.-

We will pay Covered Expenses Incurred for Ambulance Service up to the maximum number of

trips shown in the *Schedule of Benefits*.]

[Wellness Service Benefit

We will pay Covered Expenses Incurred for Wellness Services rendered to a Covered Person, up to the maximum number of services shown in the *Schedule of Benefits*. Wellness services are limited to the following services: PAP Smear, PSA or immunization.]

[Wellness Screening Test Benefit

We will pay Covered Expenses Incurred for care and treatment rendered to a Covered Person for wellness screening, up to the maximum number of [tests] [days] shown in the *Schedule of Benefits*. The wellness benefit is limited to the following services: Mammogram, Colonoscopy, Flexible Sigmoidoscope or Bone Density.]

[Limitation for Pre-Existing Conditions

[We will not pay any benefits for treatment of a Covered Person's Pre-Existing Condition until he has been insured under this Policy;

1. If he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. If he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.]

[Until a Covered Person has been insured under this Policy;

1. If he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. If he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.

Payment of any benefits for treatment of a Covered Person's Pre-Existing Condition is limited to [\$100 - \$3,000].]

[We will not pay any benefits for In-Patient Hospital Services, or Physicians Services for Surgery or Anesthesia until a Covered Person has been insured under this Policy;

1. If he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. If he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.]]

Excluded Expenses

The following will not be Covered Expenses under this Indemnity Medical Benefit unless specifically provided elsewhere in this Certificate:

1. treatment that is solely for the purpose of rest care or custodial care and any associated transportation;
2. cosmetic surgery or care, or treatment solely for cosmetic purposes, or complication thereof - this exclusion does not apply to:

- a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
 - b. reconstruction incidental to or following surgery resulting from a covered Accident or Sickness or from trauma, infection or other diseases of the involved part;
 - c. correction of a congenital defect or anomaly that results in a functional defect of a covered dependent child;
 - d. with respect to a mastectomy:
 - i. all stages of reconstruction of the breast on which the mastectomy has been performed;
 - ii. surgery and reconstruction of the other breast to produce a symmetrical appearance; and
 - iii. treatment of physical complications for all stages of the mastectomy, including lymphedema;
3. examinations needed for employment, obtaining insurance or travel;
 4. voluntary abortion, unless:
 - a. the life of the mother would be endangered if the fetus were carried to term; or
 - b. medical complications have arisen from an abortion;
 5. sex change procedures;
 6. reversal of sterilizations;
 7. diagnosis and treatment of infertility;
 8. treatment of exogenous obesity, gastric bypass surgery or weight control unless Medically Necessary;
 9. routine eye examinations or fitting of glasses or contact lenses;
 10. hearing examinations or fitting of hearing aids;
 11. dental examinations or dental care other than expenses resulting from a Covered Accident;
 12. smoking cessation;
 13. suicide or any attempt threat, while sane or insane, or any intentionally self-inflicted injury or Sickness, unless as a result of a medical condition or an act of domestic violence;
 14. participation in a riot, civil commotion, civil disobedience, insurrection or unlawful assembly, unless a loss that occurs while a Covered Person is acting in a lawful manner within the scope of authority;
 15. committing, attempting to commit, or taking part in a felony or assault;
 16. participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee jumping, mountain climbing, spelunking or hang gliding;
 17. air travel, except:
 - a. as a fare-paying passenger on a commercial airline on a regularly scheduled route
 - b. on a charter flight operated by a scheduled airline; or

- c. as a passenger for transportation only and not as a pilot or crew member;
- 18. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which a Covered Accident occurred;
- 19. any treatment for an accident or sickness resulting from the use of a controlled substance by a Covered Person that is not provided by or at the direction of a Physician;
- 20. an act of war, whether declared or undeclared, or while performing police duty as member of any military or naval organization. This exclusion includes a Covered Accident occurring or Sickness contracted while in the service of any military, naval or air force of any country engaged in war (the Company will refund the pro rata unearned premium for any such period the Covered Person is not covered);
- 21. an accident or sickness arising out of and in the course of any occupation for compensation, wage or profit or expenses which are payable under Workers' Compensation, Occupational Disease or similar law, whether or not application for such benefits has been made;
- 22. any treatment received or expenses incurred during a period of time that insurance for a Covered Person is not in force;
- 23. any treatment received or expenses incurred after this Policy has terminated;
- 24. any service, supply or treatment that is not provided by or at the direction of a Physician;
- 25. treatment of any accident or sickness outside the United States or Canada;
- 26. transportation except as provided for in Ambulance Services;
- 27. benefits for services or treatment rendered by any person who is:
 - a. employed or retained by the Policyholder;
 - b. living in the Covered Person's household;
 - c. a parent, sibling, spouse or child of a Covered Employee or of His spouse; or
 - d. a Covered Person treating himself; or
- [28. the treatment of:
 - a. mental illness;
 - b. functional or organic nervous disorder, regardless of cause;
 - c. alcohol abuse;
 - d. drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed.]

SCHEDULE OF SURGICAL PROCEDURES [- \$500 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$7
10061	I&D of Abscess, Complex	\$16
19000	Puncture Aspiration of cyst of Breast	\$8
19120	Removal of Breast Lesion	\$46
19180	Mastectomy, Simple	\$77

19240	Removal of Breast	\$115
20550	Injection; Single Tendon Sheath or Ligament	\$6
20600	Drain/Inject Joint/Bursa	\$6
20605	Drain/Inject Joint/Bursa	\$6
22554	Neck Spine Fusion	\$250
23500	Closed tx, clavicle fracture	\$19
25560	Closed tx, radius fracture	\$36
27230	Closed tx, femur fracture.	\$55
27816	Closed tx, ankle fracture	\$39
28415	Closed tx, humerus fracture	\$122
29580	Application of Paste Boot	\$5
35301	Re-channeling of Artery	\$183
36415	Drawing blood	\$1
36489	Insertion of Catheter, Vein	\$16
36533	Insertion of Access Port	\$59
38562	Removal, Pelvic Lymph Nodes	\$122
38770	Remove Pelvis Lymph Nodes	\$148
38780	Remove Abdomen Lymph Nodes	\$244
44005	Freeing of Bowel Adhesion	\$99
44140	Partial Removal of Colon	\$142
44950	Appendectomy	\$122
44970	Laparoscopy surgical appendectomy	\$122
45378	Diagnostic Colonoscopy	\$42
45560	Repair of Rectocele	\$47
46255	Hemorrhoidectomy, internal and external	\$56
47600	Cholecystectomy	\$130
49000	Exploration of Abdomen	\$87
49320	Laparoscopy, diagnostic	\$62
49505	Repair Inguinal Hernia	\$71
49560	Repair Abdominal Hernia	\$86
50590	Lithotripsy, extracorporeal shock wave	\$166
51840	Bladder repair/vesical neck	\$120
52612	TURP	\$120
55810	Prostatectomy, perineal radical	\$206
57240	Repair Bladder & Vagina	\$68
57280	Suspension of Vagina	\$106
57282	Repair of Vaginal Prolapse	\$106

58150	Total Hysterectomy	\$125
58260	Vaginal Hysterectomy	\$121
58400	Suspension of Uterus	\$82
58600	Division of fallopian tube	\$58
58700	Removal of fallopian tube	\$126
58720	Removal of ovary/tube(s)	\$89
58740	Revise Fallopian Tube(s)	\$93
58750	Repair Oviduct	\$152
58770	Create New Tubal Opening	\$133
58925	Removal of ovarian cyst(s)	\$68
58940	Removal of ovary(s)	\$68
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$95
59150	Treat Ectopic Pregnancy	\$95
59400	Obstetrical Care	\$124
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$65
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$122
59510	Cesarean delivery	\$153
59851	Abortion	\$72
61154	Pierce Skull, Remove Clot	\$197
61312	Open Skull for Drainage	\$250
62284	Injection for Myelogram	\$32
63030	Low Back Disk Surgery	\$224
63035	Added Spinal Disk Surgery	\$73
63047	Removal of Spinal Lamina	\$250
63048	Removal of Spinal Lamina	\$88
63075	Neck Spine Disk Surgery	\$231
64721	Carpal Tunnel Surgery	\$72
65855	Laser Surgery of Eye	\$69
66170	Glaucoma Surgery	\$93
66761	Revision of Iris	\$55
66984	Remove Cataract, Insert Lens	\$133
67210	Treatment of Retinal Lesion	\$71
67820	Revise Eyelashes	\$7
67840	Remove Eyelid Lesion	\$18
68761	Close Tear Duct Opening	\$11]

SCHEDULE OF SURGICAL PROCEDURES [- \$750 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$21
10061	I&D of Abscess, Complex	\$48
19000	Puncture Aspiration of cyst of Breast	\$24
19120	Removal of Breast Lesion	\$138
19180	Mastectomy, Simple	\$231
19240	Removal of Breast	\$345
20550	Injection; Single Tendon Sheath or Ligament	\$18
20600	Drain/Inject Joint/Bursa	\$18
20605	Drain/Inject Joint/Bursa	\$18
22554	Neck Spine Fusion	\$750
23500	Closed tx, clavicle fracture	\$57
25560	Closed tx, radius fracture	\$108
27230	Closed tx, femur fracture.	\$165
27816	Closed tx, ankle fracture	\$117
28415	Closed tx, humerus fracture	\$366
29580	Application of Paste Boot	\$15
35301	Re-channeling of Artery	\$549
36415	Drawing blood	\$3
36489	Insertion of Catheter, Vein	\$48
36533	Insertion of Access Port	\$177
38562	Removal, Pelvic Lymph Nodes	\$366
38770	Remove Pelvis Lymph Nodes	\$444
38780	Remove Abdomen Lymph Nodes	\$732
44005	Freeing of Bowel Adhesion	\$297
44140	Partial Removal of Colon	\$426
44950	Appendectomy	\$216
44970	Laparoscopy surgical appendectomy	\$216
45378	Diagnostic Colonoscopy	\$126
45560	Repair of Rectocele	\$141
46255	Hemorrhoidectomy, internal and external	\$168
47600	Cholecystectomy	\$390
49000	Exploration of Abdomen	\$261
49320	Laparoscopy, diagnostic	\$186
49505	Repair Inguinal Hernia	\$213

49560	Repair Abdominal Hernia	\$258
50590	Lithotripsy, extracorporeal shock wave	\$498
51840	Bladder repair/vesical neck	\$360
52612	TURP	\$330
55810	Prostatectomy, perineal radical	\$618
57240	Repair Bladder & Vagina	\$204
57280	Suspension of Vagina	\$318
57282	Repair of Vaginal Prolapse	\$318
58150	Total Hysterectomy	\$375
58260	Vaginal Hysterectomy	\$363
58400	Suspension of Uterus	\$246
58600	Division of fallopian tube	\$174
58700	Removal of fallopian tube	\$228
58720	Removal of ovary/tube(s)	\$267
58740	Revise Fallopian Tube(s)	\$279
58750	Repair Oviduct	\$456
58770	Create New Tubal Opening	\$399
58925	Removal of ovarian cyst(s)	\$204
58940	Removal of ovary(s)	\$204
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$285
59150	Treat Ectopic Pregnancy	\$285
59400	Obstetrical Care	\$372
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$195
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$216
59510	Cesarean delivery	\$459
59851	Abortion	\$216
61154	Pierce Skull, Remove Clot	\$591
61312	Open Skull for Drainage	\$750
62284	Injection for Myelogram	\$96
63030	Low Back Disk Surgery	\$672
63035	Added Spinal Disk Surgery	\$219
63047	Removal of Spinal Lamina	\$750
63048	Removal of Spinal Lamina	\$264
63075	Neck Spine Disk Surgery	\$693
64721	Carpal Tunnel Surgery	\$216
65855	Laser Surgery of Eye	\$207
66170	Glaucoma Surgery	\$279

66761	Revision of Iris	\$165
66984	Remove Cataract, Insert Lens	\$399
67210	Treatment of Retinal Lesion	\$213
67820	Revise Eyelashes	\$21
67840	Remove Eyelid Lesion	\$54
68761	Close Tear Duct Opening	\$33]

SCHEDULE OF SURGICAL PROCEDURES [- \$1000 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$28
10061	I&D of Abscess, Complex	\$64
19000	Puncture Aspiration of cyst of Breast	\$32
19120	Removal of Breast Lesion	\$184
19180	Mastectomy, Simple	\$308
19240	Removal of Breast	\$460
20550	Injection; Single Tendon Sheath or Ligament	\$24
20600	Drain/Inject Joint/Bursa	\$24
20605	Drain/Inject Joint/Bursa	\$24
22554	Neck Spine Fusion	\$1,000
23500	Closed tx, clavicle fracture	\$76
25560	Closed tx, radius fracture	\$144
27230	Closed tx, femur fracture.	\$220
27816	Closed tx, ankle fracture	\$156
28415	Closed tx, humerus fracture	\$488
29580	Application of Paste Boot	\$20
35301	Re-channeling of Artery	\$732
36415	Drawing blood	\$4
36489	Insertion of Catheter, Vein	\$64
36533	Insertion of Access Port	\$236
38562	Removal, Pelvic Lymph Nodes	\$488
38770	Remove Pelvis Lymph Nodes	\$592
38780	Remove Abdomen Lymph Nodes	\$976
44005	Freeing of Bowel Adhesion	\$396
44140	Partial Removal of Colon	\$568
44950	Appendectomy	\$288
44970	Laparoscopy surgical appendectomy	\$288
45378	Diagnostic Colonoscopy	\$168

45560	Repair of Rectocele	\$188
46255	Hemorrhoidectomy, internal and external	\$224
47600	Cholecystectomy	\$520
49000	Exploration of Abdomen	\$348
49320	Laparoscopy, diagnostic	\$248
49505	Repair Inguinal Hernia	\$284
49560	Repair Abdominal Hernia	\$344
50590	Lithotripsy, extracorporeal shock wave	\$664
51840	Bladder repair/vesical neck	\$480
52612	TURP	\$440
55810	Prostatectomy, perineal radical	\$824
57240	Repair Bladder & Vagina	\$272
57280	Suspension of Vagina	\$424
57282	Repair of Vaginal Prolapse	\$424
58150	Total Hysterectomy	\$500
58260	Vaginal Hysterectomy	\$484
58400	Suspension of Uterus	\$328
58600	Division of fallopian tube	\$232
58700	Removal of fallopian tube	\$304
58720	Removal of ovary/tube(s)	\$356
58740	Revise Fallopian Tube(s)	\$372
58750	Repair Oviduct	\$608
58770	Create New Tubal Opening	\$532
58925	Removal of ovarian cyst(s)	\$272
58940	Removal of ovary(s)	\$272
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$380
59150	Treat Ectopic Pregnancy	\$380
59400	Obstetrical Care	\$496
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$260
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$288
59510	Cesarean delivery	\$612
59851	Abortion	\$288
61154	Pierce Skull, Remove Clot	\$788
61312	Open Skull for Drainage	\$1,000
62284	Injection for Myelogram	\$128
63030	Low Back Disk Surgery	\$896
63035	Added Spinal Disk Surgery	\$292

63047	Removal of Spinal Lamina	\$1,000
63048	Removal of Spinal Lamina	\$352
63075	Neck Spine Disk Surgery	\$924
64721	Carpal Tunnel Surgery	\$288
65855	Laser Surgery of Eye	\$276
66170	Glaucoma Surgery	\$372
66761	Revision of Iris	\$220
66984	Remove Cataract, Insert Lens	\$532
67210	Treatment of Retinal Lesion	\$284
67820	Revise Eyelashes	\$28
67840	Remove Eyelid Lesion	\$72
68761	Close Tear Duct Opening	\$44]

SCHEDULE OF SURGICAL PROCEDURES [- \$1500 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$42
10061	I&D of Abscess, Complex	\$96
19000	Puncture Aspiration of cyst of Breast	\$48
19120	Removal of Breast Lesion	\$276
19180	Mastectomy, Simple	\$462
19240	Removal of Breast	\$690
20550	Injection; Single Tendon Sheath or Ligament	\$36
20600	Drain/Inject Joint/Bursa	\$36
20605	Drain/Inject Joint/Bursa	\$36
22554	Neck Spine Fusion	\$1,500
23500	Closed tx, clavicle fracture	\$114
25560	Closed tx, radius fracture	\$216
27230	Closed tx, femur fracture.	\$330
27816	Closed tx, ankle fracture	\$234
28415	Closed tx, humerus fracture	\$732
29580	Application of Paste Boot	\$30
35301	Re-channeling of Artery	\$1,098
36415	Drawing blood	\$6
36489	Insertion of Catheter, Vein	\$96
36533	Insertion of Access Port	\$354
38562	Removal, Pelvic Lymph Nodes	\$732
38770	Remove Pelvis Lymph Nodes	\$888

38780	Remove Abdomen Lymph Nodes	\$1,464
44005	Freeing of Bowel Adhesion	\$594
44140	Partial Removal of Colon	\$852
44950	Appendectomy	\$432
44970	Laparoscopy surgical appendectomy	\$432
45378	Diagnostic Colonoscopy	\$252
45560	Repair of Rectocele	\$282
46255	Hemorrhoidectomy, internal and external	\$336
47600	Cholecystectomy	\$780
49000	Exploration of Abdomen	\$522
49320	Laparoscopy, diagnostic	\$372
49505	Repair Inguinal Hernia	\$426
49560	Repair Abdominal Hernia	\$516
50590	Lithotripsy, extracorporeal shock wave	\$996
51840	Bladder repair/vesical neck	\$720
52612	TURP	\$660
55810	Prostatectomy, perineal radical	\$1,236
57240	Repair Bladder & Vagina	\$408
57280	Suspension of Vagina	\$636
57282	Repair of Vaginal Prolapse	\$636
58150	Total Hysterectomy	\$750
58260	Vaginal Hysterectomy	\$726
58400	Suspension of Uterus	\$492
58600	Division of fallopian tube	\$348
58700	Removal of fallopian tube	\$456
58720	Removal of ovary/tube(s)	\$534
58740	Revise Fallopian Tube(s)	\$558
58750	Repair Oviduct	\$912
58770	Create New Tubal Opening	\$798
58925	Removal of ovarian cyst(s)	\$408
58940	Removal of ovary(s)	\$408
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$570
59150	Treat Ectopic Pregnancy	\$570
59400	Obstetrical Care	\$744
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$390
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$432
59510	Cesarean delivery	\$918

59851	Abortion	\$432
61154	Pierce Skull, Remove Clot	\$1,182
61312	Open Skull for Drainage	\$1,500
62284	Injection for Myelogram	\$192
63030	Low Back Disk Surgery	\$1,344
63035	Added Spinal Disk Surgery	\$438
63047	Removal of Spinal Lamina	\$1,500
63048	Removal of Spinal Lamina	\$528
63075	Neck Spine Disk Surgery	\$1,386
64721	Carpal Tunnel Surgery	\$432
65855	Laser Surgery of Eye	\$414
66170	Glaucoma Surgery	\$558
66761	Revision of Iris	\$330
66984	Remove Cataract, Insert Lens	\$798
67210	Treatment of Retinal Lesion	\$426
67820	Revise Eyelashes	\$42
67840	Remove Eyelid Lesion	\$108
68761	Close Tear Duct Opening	\$66]

SCHEDULE OF SURGICAL PROCEDURES [- \$2000 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$56
10061	I&D of Abscess, Complex	\$128
19000	Puncture Aspiration of cyst of Breast	\$64
19120	Removal of Breast Lesion	\$368
19180	Mastectomy, Simple	\$616
19240	Removal of Breast	\$920
20550	Injection; Single Tendon Sheath or Ligament	\$48
20600	Drain/Inject Joint/Bursa	\$48
20605	Drain/Inject Joint/Bursa	\$48
22554	Neck Spine Fusion	\$2,000
23500	Closed tx, clavicle fracture	\$152
25560	Closed tx, radius fracture	\$288
27230	Closed tx, femur fracture.	\$440
27816	Closed tx, ankle fracture	\$312
28415	Closed tx, humerus fracture	\$976
29580	Application of Paste Boot	\$40

35301	Re-channeling of Artery	\$1,464
36415	Drawing blood	\$8
36489	Insertion of Catheter, Vein	\$128
36533	Insertion of Access Port	\$472
38562	Removal, Pelvic Lymph Nodes	\$976
38770	Remove Pelvis Lymph Nodes	\$1,184
38780	Remove Abdomen Lymph Nodes	\$1,952
44005	Freeing of Bowel Adhesion	\$792
44140	Partial Removal of Colon	\$1,136
44950	Appendectomy	\$576
44970	Laparoscopy surgical appendectomy	\$576
45378	Diagnostic Colonoscopy	\$336
45560	Repair of Rectocele	\$376
46255	Hemorrhoidectomy, internal and external	\$448
47600	Cholecystectomy	\$1,040
49000	Exploration of Abdomen	\$696
49320	Laparoscopy, diagnostic	\$496
49505	Repair Inguinal Hernia	\$568
49560	Repair Abdominal Hernia	\$688
50590	Lithotripsy, extracorporeal shock wave	\$1,328
51840	Bladder repair/vesical neck	\$960
52612	TURP	\$880
55810	Prostatectomy, perineal radical	\$1,648
57240	Repair Bladder & Vagina	\$544
57280	Suspension of Vagina	\$848
57282	Repair of Vaginal Prolapse	\$848
58150	Total Hysterectomy	\$1,000
58260	Vaginal Hysterectomy	\$968
58400	Suspension of Uterus	\$656
58600	Division of fallopian tube	\$464
58700	Removal of fallopian tube	\$608
58720	Removal of ovary/tube(s)	\$712
58740	Revise Fallopian Tube(s)	\$744
58750	Repair Oviduct	\$1,216
58770	Create New Tubal Opening	\$1,064
58925	Removal of ovarian cyst(s)	\$544
58940	Removal of ovary(s)	\$544

59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$760
59150	Treat Ectopic Pregnancy	\$760
59400	Obstetrical Care	\$992
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$520
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$576
59510	Cesarean delivery	\$1,224
59851	Abortion	\$576
61154	Pierce Skull, Remove Clot	\$1,576
61312	Open Skull for Drainage	\$2,000
62284	Injection for Myelogram	\$256
63030	Low Back Disk Surgery	\$1,792
63035	Added Spinal Disk Surgery	\$584
63047	Removal of Spinal Lamina	\$2,000
63048	Removal of Spinal Lamina	\$704
63075	Neck Spine Disk Surgery	\$1,848
64721	Carpal Tunnel Surgery	\$576
65855	Laser Surgery of Eye	\$552
66170	Glaucoma Surgery	\$744
66761	Revision of Iris	\$440
66984	Remove Cataract, Insert Lens	\$1,064
67210	Treatment of Retinal Lesion	\$568
67820	Revise Eyelashes	\$56
67840	Remove Eyelid Lesion	\$144
68761	Close Tear Duct Opening	\$88]

SCHEDULE OF SURGICAL PROCEDURES [- \$2500 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$70
10061	I&D of Abscess, Complex	\$160
19000	Puncture Aspiration of cyst of Breast	\$80
19120	Removal of Breast Lesion	\$460
19180	Mastectomy, Simple	\$770
19240	Removal of Breast	\$1,150
20550	Injection; Single Tendon Sheath or Ligament	\$60
20600	Drain/Inject Joint/Bursa	\$60
20605	Drain/Inject Joint/Bursa	\$60

22554	Neck Spine Fusion	\$2,500
23500	Closed tx, clavicle fracture	\$190
25560	Closed tx, radius fracture	\$360
27230	Closed tx, femur fracture.	\$550
27816	Closed tx, ankle fracture	\$390
28415	Closed tx, humerus fracture	\$1,220
29580	Application of Paste Boot	\$50
35301	Re-channeling of Artery	\$1,830
36415	Drawing blood	\$10
36489	Insertion of Catheter, Vein	\$160
36533	Insertion of Access Port	\$590
38562	Removal, Pelvic Lymph Nodes	\$1,220
38770	Remove Pelvis Lymph Nodes	\$1,480
38780	Remove Abdomen Lymph Nodes	\$2,440
44005	Freeing of Bowel Adhesion	\$990
44140	Partial Removal of Colon	\$1,420
44950	Appendectomy	\$720
44970	Laparoscopy surgical appendectomy	\$720
45378	Diagnostic Colonoscopy	\$420
45560	Repair of Rectocele	\$470
46255	Hemorrhoidectomy, internal and external	\$560
47600	Cholecystectomy	\$1,300
49000	Exploration of Abdomen	\$870
49320	Laparoscopy, diagnostic	\$620
49505	Repair Inguinal Hernia	\$710
49560	Repair Abdominal Hernia	\$860
50590	Lithotripsy, extracorporeal shock wave	\$1,660
51840	Bladder repair/vesical neck	\$1,200
52612	TURP	\$1,100
55810	Prostatectomy, perineal radical	\$2,060
57240	Repair Bladder & Vagina	\$680
57280	Suspension of Vagina	\$1,060
57282	Repair of Vaginal Prolapse	\$1,060
58150	Total Hysterectomy	\$1,250
58260	Vaginal Hysterectomy	\$1,210
58400	Suspension of Uterus	\$820
58600	Division of fallopian tube	\$580

58700	Removal of fallopian tube	\$760
58720	Removal of ovary/tube(s)	\$890
58740	Revise Fallopian Tube(s)	\$930
58750	Repair Oviduct	\$1,520
58770	Create New Tubal Opening	\$1,330
58925	Removal of ovarian cyst(s)	\$680
58940	Removal of ovary(s)	\$680
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$950
59150	Treat Ectopic Pregnancy	\$950
59400	Obstetrical Care	\$1,240
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$650
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$720
59510	Cesarean delivery	\$1,530
59851	Abortion	\$720
61154	Pierce Skull, Remove Clot	\$1,970
61312	Open Skull for Drainage	\$2,500
62284	Injection for Myelogram	\$320
63030	Low Back Disk Surgery	\$2,240
63035	Added Spinal Disk Surgery	\$730
63047	Removal of Spinal Lamina	\$2,500
63048	Removal of Spinal Lamina	\$880
63075	Neck Spine Disk Surgery	\$2,310
64721	Carpal Tunnel Surgery	\$720
65855	Laser Surgery of Eye	\$690
66170	Glaucoma Surgery	\$930
66761	Revision of Iris	\$550
66984	Remove Cataract, Insert Lens	\$1,330
67210	Treatment of Retinal Lesion	\$710
67820	Revise Eyelashes	\$70
67840	Remove Eyelid Lesion	\$180
68761	Close Tear Duct Opening	\$110]

SCHEDULE OF SURGICAL PROCEDURES [- \$3000 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$84
10061	I&D of Abscess, Complex	\$192

19000	Puncture Aspiration of cyst of Breast	\$96
19120	Removal of Breast Lesion	\$552
19180	Mastectomy, Simple	\$924
19240	Removal of Breast	\$1,380
20550	Injection; Single Tendon Sheath or Ligament	\$72
20600	Drain/Inject Joint/Bursa	\$72
20605	Drain/Inject Joint/Bursa	\$72
22554	Neck Spine Fusion	\$3,000
23500	Closed tx, clavicle fracture	\$228
25560	Closed tx, radius fracture	\$432
27230	Closed tx, femur fracture.	\$660
27816	Closed tx, ankle fracture	\$468
28415	Closed tx, humerus fracture	\$1,464
29580	Application of Paste Boot	\$60
35301	Re-channeling of Artery	\$2,196
36415	Drawing blood	\$12
36489	Insertion of Catheter, Vein	\$192
36533	Insertion of Access Port	\$708
38562	Removal, Pelvic Lymph Nodes	\$1,464
38770	Remove Pelvis Lymph Nodes	\$1,776
38780	Remove Abdomen Lymph Nodes	\$2,928
44005	Freeing of Bowel Adhesion	\$1,188
44140	Partial Removal of Colon	\$1,704
44950	Appendectomy	\$864
44970	Laparoscopy surgical appendectomy	\$864
45378	Diagnostic Colonoscopy	\$504
45560	Repair of Rectocele	\$564
46255	Hemorrhoidectomy, internal and external	\$672
47600	Cholecystectomy	\$1,560
49000	Exploration of Abdomen	\$1,044
49320	Laparoscopy, diagnostic	\$744
49505	Repair Inguinal Hernia	\$852
49560	Repair Abdominal Hernia	\$1,032
50590	Lithotripsy, extracorporeal shock wave	\$1,992
51840	Bladder repair/vesical neck	\$1,440
52612	TURP	\$1,320
55810	Prostatectomy, perineal radical	\$2,472

57240	Repair Bladder & Vagina	\$816
57280	Suspension of Vagina	\$1,272
57282	Repair of Vaginal Prolapse	\$1,272
58150	Total Hysterectomy	\$1,500
58260	Vaginal Hysterectomy	\$1,452
58400	Suspension of Uterus	\$984
58600	Division of fallopian tube	\$696
58700	Removal of fallopian tube	\$912
58720	Removal of ovary/tube(s)	\$1,068
58740	Revise Fallopian Tube(s)	\$1,116
58750	Repair Oviduct	\$1,824
58770	Create New Tubal Opening	\$1,596
58925	Removal of ovarian cyst(s)	\$816
58940	Removal of ovary(s)	\$816
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,140
59150	Treat Ectopic Pregnancy	\$1,140
59400	Obstetrical Care	\$1,488
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$780
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$864
59510	Cesarean delivery	\$1,836
59851	Abortion	\$864
61154	Pierce Skull, Remove Clot	\$2,364
61312	Open Skull for Drainage	\$3,000
62284	Injection for Myelogram	\$384
63030	Low Back Disk Surgery	\$2,688
63035	Added Spinal Disk Surgery	\$876
63047	Removal of Spinal Lamina	\$3,000
63048	Removal of Spinal Lamina	\$1,056
63075	Neck Spine Disk Surgery	\$2,772
64721	Carpal Tunnel Surgery	\$864
65855	Laser Surgery of Eye	\$828
66170	Glaucoma Surgery	\$1,116
66761	Revision of Iris	\$660
66984	Remove Cataract, Insert Lens	\$1,596
67210	Treatment of Retinal Lesion	\$852
67820	Revise Eyelashes	\$84
67840	Remove Eyelid Lesion	\$216

68761 Close Tear Duct Opening \$132]

SCHEDULE OF SURGICAL PROCEDURES [- \$3500 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$98
10061	I&D of Abscess, Complex	\$224
19000	Puncture Aspiration of cyst of Breast	\$112
19120	Removal of Breast Lesion	\$644
19180	Mastectomy, Simple	\$1,078
19240	Removal of Breast	\$1,610
20550	Injection; Single Tendon Sheath or Ligament	\$84
20600	Drain/Inject Joint/Bursa	\$84
20605	Drain/Inject Joint/Bursa	\$84
22554	Neck Spine Fusion	\$3,500
23500	Closed tx, clavicle fracture	\$266
25560	Closed tx, radius fracture	\$504
27230	Closed tx, femur fracture.	\$770
27816	Closed tx, ankle fracture	\$546
28415	Closed tx, humerus fracture	\$1,708
29580	Application of Paste Boot	\$70
35301	Re-channeling of Artery	\$2,562
36415	Drawing blood	\$14
36489	Insertion of Catheter, Vein	\$224
36533	Insertion of Access Port	\$826
38562	Removal, Pelvic Lymph Nodes	\$1,708
38770	Remove Pelvis Lymph Nodes	\$2,072
38780	Remove Abdomen Lymph Nodes	\$3,416
44005	Freeing of Bowel Adhesion	\$1,386
44140	Partial Removal of Colon	\$1,988
44950	Appendectomy	\$1,008
44970	Laparoscopy surgical appendectomy	\$1,008
45378	Diagnostic Colonoscopy	\$588
45560	Repair of Rectocele	\$658
46255	Hemorrhoidectomy, internal and external	\$784
47600	Cholecystectomy	\$1,820
49000	Exploration of Abdomen	\$1,218
49320	Laparoscopy, diagnostic	\$868

49505	Repair Inguinal Hernia	\$994
49560	Repair Abdominal Hernia	\$1,204
50590	Lithotripsy, extracorporeal shock wave	\$2,324
51840	Bladder repair/vesical neck	\$1,680
52612	TURP	\$1,540
55810	Prostatectomy, perineal radical	\$2,884
57240	Repair Bladder & Vagina	\$952
57280	Suspension of Vagina	\$1,484
57282	Repair of Vaginal Prolapse	\$1,484
58150	Total Hysterectomy	\$1,750
58260	Vaginal Hysterectomy	\$1,694
58400	Suspension of Uterus	\$1,148
58600	Division of fallopian tube	\$812
58700	Removal of fallopian tube	\$1,064
58720	Removal of ovary/tube(s)	\$1,246
58740	Revise Fallopian Tube(s)	\$1,302
58750	Repair Oviduct	\$2,128
58770	Create New Tubal Opening	\$1,862
58925	Removal of ovarian cyst(s)	\$952
58940	Removal of ovary(s)	\$952
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,330
59150	Treat Ectopic Pregnancy	\$1,330
59400	Obstetrical Care	\$1,736
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$910
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$1,008
59510	Cesarean delivery	\$2,142
59851	Abortion	\$1,008
61154	Pierce Skull, Remove Clot	\$2,758
61312	Open Skull for Drainage	\$3,500
62284	Injection for Myelogram	\$448
63030	Low Back Disk Surgery	\$3,136
63035	Added Spinal Disk Surgery	\$1,022
63047	Removal of Spinal Lamina	\$3,500
63048	Removal of Spinal Lamina	\$1,232
63075	Neck Spine Disk Surgery	\$3,234
64721	Carpal Tunnel Surgery	\$1,008
65855	Laser Surgery of Eye	\$966

66170	Glaucoma Surgery	\$1,302
66761	Revision of Iris	\$770
66984	Remove Cataract, Insert Lens	\$1,862
67210	Treatment of Retinal Lesion	\$994
67820	Revise Eyelashes	\$98
67840	Remove Eyelid Lesion	\$252
68761	Close Tear Duct Opening	\$154]

SCHEDULE OF SURGICAL PROCEDURES [- \$4000 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$112
10061	I&D of Abscess, Complex	\$256
19000	Puncture Aspiration of cyst of Breast	\$128
19120	Removal of Breast Lesion	\$736
19180	Mastectomy, Simple	\$1,232
19240	Removal of Breast	\$1,840
20550	Injection; Single Tendon Sheath or Ligament	\$96
20600	Drain/Inject Joint/Bursa	\$96
20605	Drain/Inject Joint/Bursa	\$96
22554	Neck Spine Fusion	\$4,000
23500	Closed tx, clavicle fracture	\$304
25560	Closed tx, radius fracture	\$576
27230	Closed tx, femur fracture.	\$880
27816	Closed tx, ankle fracture	\$624
28415	Closed tx, humerus fracture	\$1,952
29580	Application of Paste Boot	\$80
35301	Re-channeling of Artery	\$2,928
36415	Drawing blood	\$16
36489	Insertion of Catheter, Vein	\$256
36533	Insertion of Access Port	\$944
38562	Removal, Pelvic Lymph Nodes	\$1,952
38770	Remove Pelvis Lymph Nodes	\$2,368
38780	Remove Abdomen Lymph Nodes	\$3,904
44005	Freeing of Bowel Adhesion	\$1,584
44140	Partial Removal of Colon	\$2,272
44950	Appendectomy	\$1,152
44970	Laparoscopy surgical appendectomy	\$1,152

45378	Diagnostic Colonoscopy	\$672
45560	Repair of Rectocele	\$752
46255	Hemorrhoidectomy, internal and external	\$896
47600	Cholecystectomy	\$2,080
49000	Exploration of Abdomen	\$1,392
49320	Laparoscopy, diagnostic	\$992
49505	Repair Inguinal Hernia	\$1,136
49560	Repair Abdominal Hernia	\$1,376
50590	Lithotripsy, extracorporeal shock wave	\$2,656
51840	Bladder repair/vesical neck	\$1,920
52612	TURP	\$1,760
55810	Prostatectomy, perineal radical	\$3,296
57240	Repair Bladder & Vagina	\$1,088
57280	Suspension of Vagina	\$1,696
57282	Repair of Vaginal Prolapse	\$1,696
58150	Total Hysterectomy	\$2,000
58260	Vaginal Hysterectomy	\$1,936
58400	Suspension of Uterus	\$1,312
58600	Division of fallopian tube	\$928
58700	Removal of fallopian tube	\$1,216
58720	Removal of ovary/tube(s)	\$1,424
58740	Revise Fallopian Tube(s)	\$1,488
58750	Repair Oviduct	\$2,432
58770	Create New Tubal Opening	\$2,128
58925	Removal of ovarian cyst(s)	\$1,088
58940	Removal of ovary(s)	\$1,088
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,520
59150	Treat Ectopic Pregnancy	\$1,520
59400	Obstetrical Care	\$1,984
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$1,040
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$1,152
59510	Cesarean delivery	\$2,448
59851	Abortion	\$1,152
61154	Pierce Skull, Remove Clot	\$3,152
61312	Open Skull for Drainage	\$4,000
62284	Injection for Myelogram	\$512
63030	Low Back Disk Surgery	\$3,584

63035	Added Spinal Disk Surgery	\$1,168
63047	Removal of Spinal Lamina	\$4,000
63048	Removal of Spinal Lamina	\$1,408
63075	Neck Spine Disk Surgery	\$3,696
64721	Carpal Tunnel Surgery	\$1,152
65855	Laser Surgery of Eye	\$1,104
66170	Glaucoma Surgery	\$1,488
66761	Revision of Iris	\$880
66984	Remove Cataract, Insert Lens	\$2,128
67210	Treatment of Retinal Lesion	\$1,136
67820	Revise Eyelashes	\$112
67840	Remove Eyelid Lesion	\$288
68761	Close Tear Duct Opening	\$176]

SCHEDULE OF SURGICAL PROCEDURES [- \$5000 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$140
10061	I&D of Abscess, Complex	\$320
19000	Puncture Aspiration of cyst of Breast	\$160
19120	Removal of Breast Lesion	\$920
19180	Mastectomy, Simple	\$1,540
19240	Removal of Breast	\$2,300
20550	Injection; Single Tendon Sheath or Ligament	\$120
20600	Drain/Inject Joint/Bursa	\$120
20605	Drain/Inject Joint/Bursa	\$120
22554	Neck Spine Fusion	\$5,000
23500	Closed tx, clavicle fracture	\$380
25560	Closed tx, radius fracture	\$720
27230	Closed tx, femur fracture.	\$1,100
27816	Closed tx, ankle fracture	\$780
28415	Closed tx, humerus fracture	\$2,440
29580	Application of Paste Boot	\$100
35301	Re-channeling of Artery	\$3,660
36415	Drawing blood	\$20
36489	Insertion of Catheter, Vein	\$320
36533	Insertion of Access Port	\$1,180
38562	Removal, Pelvic Lymph Nodes	\$2,440

38770	Remove Pelvis Lymph Nodes	\$2,960
38780	Remove Abdomen Lymph Nodes	\$4,880
44005	Freeing of Bowel Adhesion	\$1,980
44140	Partial Removal of Colon	\$2,840
44950	Appendectomy	\$1,440
44970	Laparoscopy surgical appendectomy	\$1,440
45378	Diagnostic Colonoscopy	\$840
45560	Repair of Rectocele	\$940
46255	Hemorrhoidectomy, internal and external	\$1,120
47600	Cholecystectomy	\$2,600
49000	Exploration of Abdomen	\$1,740
49320	Laparoscopy, diagnostic	\$1,240
49505	Repair Inguinal Hernia	\$1,420
49560	Repair Abdominal Hernia	\$1,720
50590	Lithotripsy, extracorporeal shock wave	\$3,320
51840	Bladder repair/vesical neck	\$2,400
52612	TURP	\$2,200
55810	Prostatectomy, perineal radical	\$4,120
57240	Repair Bladder & Vagina	\$1,360
57280	Suspension of Vagina	\$2,120
57282	Repair of Vaginal Prolapse	\$2,120
58150	Total Hysterectomy	\$2,500
58260	Vaginal Hysterectomy	\$2,420
58400	Suspension of Uterus	\$1,640
58600	Division of fallopian tube	\$1,160
58700	Removal of fallopian tube	\$1,520
58720	Removal of ovary/tube(s)	\$1,780
58740	Revise Fallopian Tube(s)	\$1,860
58750	Repair Oviduct	\$3,040
58770	Create New Tubal Opening	\$2,660
58925	Removal of ovarian cyst(s)	\$1,360
58940	Removal of ovary(s)	\$1,360
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,900
59150	Treat Ectopic Pregnancy	\$1,900
59400	Obstetrical Care	\$2,480
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$1,300
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$1,440

59510	Cesarean delivery	\$3,060
59851	Abortion	\$1,440
61154	Pierce Skull, Remove Clot	\$3,940
61312	Open Skull for Drainage	\$5,000
62284	Injection for Myelogram	\$640
63030	Low Back Disk Surgery	\$4,480
63035	Added Spinal Disk Surgery	\$1,460
63047	Removal of Spinal Lamina	\$5,000
63048	Removal of Spinal Lamina	\$1,760
63075	Neck Spine Disk Surgery	\$4,620
64721	Carpal Tunnel Surgery	\$1,440
65855	Laser Surgery of Eye	\$1,380
66170	Glaucoma Surgery	\$1,860
66761	Revision of Iris	\$1,100
66984	Remove Cataract, Insert Lens	\$2,660
67210	Treatment of Retinal Lesion	\$1,420
67820	Revise Eyelashes	\$140
67840	Remove Eyelid Lesion	\$360
68761	Close Tear Duct Opening	\$220]

SCHEDULE OF SURGICAL PROCEDURES [- \$5, 250 Maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$147
10061	I&D of Abscess, Complex	\$336
19000	Puncture Aspiration of cyst of Breast	\$168
19120	Removal of Breast Lesion	\$966
19180	Mastectomy, Simple	\$1,617
19240	Removal of Breast	\$2,415
20550	In Tendon/Ligament/cyst	\$126
20600	Drain/Inject Joint/Bursa	\$126
20605	Drain/Inject Joint/Bursa	\$126
22554	Neck Spine Fusion	\$5,250
23500	Closed tx, clavicle fracture	\$399
25560	Closed tx, radius fracture	\$756
27230	Closed tx, femur fracture.	\$1,155
27816	Closed tx, ankle fracture	\$819
28415	Closed tx, humerus fracture	\$2,562

29580	Application of Paste Boot	\$105
35301	Rechannelling of Artery	\$3,843
36415	Drawing blood	\$21
36489	Insertion of Catheter, Vein	\$336
36533	Insertion of Access Port	\$1,239
38562	Removal, Pelvic Lymph Nodes	\$2,562
38770	Remove Pelvis Lymph Nodes	\$3,108
38780	Remove Abdomen Lymph Nodes	\$5,124
44005	Freeing of Bowel Adhesion	\$2,079
44140	Partial Removal of Colon	\$2,982
44950	Appendectomy	\$1,512
44970	Laparoscopy surgical appendectomy	\$1,512
45378	Diagnostic Colonoscopy	\$882
45560	Repair of Rectocele	\$987
46255	Hemorrhoidectomy, internal and external	\$1,176
47600	Cholecystectomy	\$2,730
49000	Exploration of Abdomen	\$1,827
49320	Laparoscopy, diagnostic	\$1,302
49505	Repair Inguinal Hernia	\$1,491
49560	Repair Abdominal Hernia	\$1,806
50590	Lithotripsy, extracorporeal shock wave	\$3,486
51840	Bladder repair/vesical neck	\$2,520
52612	TURP	\$2,310
55810	Prostatectomy, perineal radical	\$4,326
57240	Repair Bladder & Vagina	\$1,428
57280	Suspension of Vagina	\$2,226
57282	Repair of Vaginal Prolapse	\$2,226
58150	Total Hysterectomy	\$2,625
58260	Vaginal Hysterectomy	\$2,541
58400	Suspension of Uterus	\$1,722
58600	Division of fallopian tube	\$1,218
58700	Removal of fallopian tube	\$1,596
58720	Removal of ovary/tube(s)	\$1,869
58740	Revise Fallopian Tube(s)	\$1,953
58750	Repair Oviduct	\$3,192
58770	Create New Tubal Opening	\$2,793
58925	Removal of ovarian cyst(s)	\$1,428

58940	Removal of ovary(s)	\$1,428
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,995
59150	Treat Ectopic Pregnancy	\$1,995
59400	Obstetrical Care	\$2,604
59409	Obstetrical Care	\$1,365
59410	Obstetrical Care	\$1,512
59510	Cesarean delivery	\$3,213
59851	Abortion	\$1,512
61154	Pierce Skull, Remove Clot	\$4,137
61312	Open Skull for Drainage	\$5,250
62284	Injection for Myelogram	\$672
63030	Low Back Disk Surgery	\$4,704
63035	Added Spinal Disk Surgery	\$1,533
63047	Removal of Spinal Lamina	\$5,250
63048	Removal of Spinal Lamina	\$1,848
63075	Neck Spine Disk Surgery	\$4,851
64721	Carpal Tunnel Surgery	\$1,512
65855	Laser Surgery of Eye	\$1,449
66170	Glaucoma Surgery	\$1,953
66761	Revision of Iris	\$1,155
66821	After Cataract Laser Surgery	\$1,071
66984	Remove Cataract, Insert Lens	\$2,793
67210	Treatment of Retinal Lesion	\$1,491
67228	Treatment of Retinal Lesion	\$1,596
67820	Revise Eyelashes	\$147
67840	Remove Eyelid Lesion	\$378
68761	Close Tear Duct Opening	\$231]

[SCHEDULE OF SURGICAL PROCEDURES [- \$5,500 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$154
10061	I&D of Abscess, Complex	\$352
19000	Puncture Aspiration of cyst of Breast	\$176
19120	Removal of Breast Lesion	\$1,012
19180	Mastectomy, Simple	\$1,694
19240	Removal of Breast	\$2,530
20550	In Tendon/Ligament/cyst	\$132
20600	Drain/Inject Joint/Bursa	\$132

20605	Drain/Inject Joint/Bursa	\$132
22554	Neck Spine Fusion	\$5,500
23500	Closed tx, clavicle fracture	\$418
25560	Closed tx, radius fracture	\$792
27230	Closed tx, femur fracture.	\$1,210
27816	Closed tx, ankle fracture	\$858
28415	Closed tx, humerus fracture	\$2,684
29580	Application of Paste Boot	\$110
35301	Rechanneling of Artery	\$4,026
36415	Drawing blood	\$22
36489	Insertion of Catheter, Vein	\$352
36533	Insertion of Access Port	\$1,298
38562	Removal, Pelvic Lymph Nodes	\$2,684
38770	Remove Pelvis Lymph Nodes	\$3,256
38780	Remove Abdomen Lymph Nodes	\$5,368
44005	Freeing of Bowel Adhesion	\$2,178
44140	Partial Removal of Colon	\$3,124
44950	Appendectomy	\$1,584
44970	Laparoscopy surgical appendectomy	\$1,584
45378	Diagnostic Colonoscopy	\$924
45560	Repair of Rectocele	\$1,034
46255	Hemorrhoidectomy, internal and external	\$1,232
47600	Cholecystectomy	\$2,860
49000	Exploration of Abdomen	\$1,914
49320	Laparoscopy, diagnostic	\$1,364
49505	Repair Inguinal Hernia	\$1,562
49560	Repair Abdominal Hernia	\$1,892
50590	Lithotripsy, extracorporeal shock wave	\$3,652
51840	Bladder repair/vesical neck	\$2,640
52612	TURP	\$2,420
55810	Prostatectomy, perineal radical	\$4,532
57240	Repair Bladder & Vagina	\$1,496
57280	Suspension of Vagina	\$2,332
57282	Repair of Vaginal Prolapse	\$2,332
58150	Total Hysterectomy	\$2,750
58260	Vaginal Hysterectomy	\$2,662
58400	Suspension of Uterus	\$1,804

58600	Division of fallopian tube	\$1,276
58700	Removal of fallopian tube	\$1,672
58720	Removal of ovary/tube(s)	\$1,958
58740	Revise Fallopian Tube(s)	\$2,046
58750	Repair Oviduct	\$3,344
58770	Create New Tubal Opening	\$2,926
58925	Removal of ovarian cyst(s)	\$1,496
58940	Removal of ovary(s)	\$1,496
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,090
59150	Treat Ectopic Pregnancy	\$2,090
59400	Obstetrical Care	\$2,728
59409	Obstetrical Care	\$1,430
59410	Obstetrical Care	\$1,584
59510	Cesarean delivery	\$3,366
59851	Abortion	\$1,584
61154	Pierce Skull, Remove Clot	\$4,334
61312	Open Skull for Drainage	\$5,500
62284	Injection for Myelogram	\$704
63030	Low Back Disk Surgery	\$4,928
63035	Added Spinal Disk Surgery	\$1,606
63047	Removal of Spinal Lamina	\$5,500
63048	Removal of Spinal Lamina	\$1,936
63075	Neck Spine Disk Surgery	\$5,082
64721	Carpal Tunnel Surgery	\$1,584
65855	Laser Surgery of Eye	\$1,518
66170	Glaucoma Surgery	\$2,046
66761	Revision of Iris	\$1,210
66821	After Cataract Laser Surgery	\$1,122
66984	Remove Cataract, Insert Lens	\$2,926
67210	Treatment of Retinal Lesion	\$1,562
67228	Treatment of Retinal Lesion	\$1,672
67820	Revise Eyelashes	\$154
67840	Remove Eyelid Lesion	\$396
68761	Close Tear Duct Opening	\$242]

SCHEDULE OF SURGICAL PROCEDURES [- \$5750 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$161

10061	I&D of Abscess, Complex	\$368
19000	Puncture Aspiration of cyst of Breast	\$184
19120	Removal of Breast Lesion	\$1,058
19180	Mastectomy, Simple	\$1,771
19240	Removal of Breast	\$2,645
20550	In Tendon/Ligament/cyst	\$138
20600	Drain/Inject Joint/Bursa	\$138
20605	Drain/Inject Joint/Bursa	\$138
22554	Neck Spine Fusion	\$5,750
23500	Closed tx, clavicle fracture	\$437
25560	Closed tx, radius fracture	\$828
27230	Closed tx, femur fracture.	\$1,265
27816	Closed tx, ankle fracture	\$897
28415	Closed tx, humerus fracture	\$2,806
29580	Application of Paste Boot	\$115
35301	Rechannelling of Artery	\$4,209
36415	Drawing blood	\$23
36489	Insertion of Catheter, Vein	\$368
36533	Insertion of Access Port	\$1,357
38562	Removal, Pelvic Lymph Nodes	\$2,806
38770	Remove Pelvis Lymph Nodes	\$3,404
38780	Remove Abdomen Lymph Nodes	\$5,612
44005	Freeing of Bowel Adhesion	\$2,277
44140	Partial Removal of Colon	\$3,266
44950	Appendectomy	\$1,656
44970	Laparoscopy surgical appendectomy	\$1,656
45378	Diagnostic Colonoscopy	\$966
45560	Repair of Rectocele	\$1,081
46255	Hemorrhoidectomy, internal and external	\$1,288
47600	Cholecystectomy	\$2,990
49000	Exploration of Abdomen	\$2,001
49320	Laparoscopy, diagnostic	\$1,426
49505	Repair Inguinal Hernia	\$1,633
49560	Repair Abdominal Hernia	\$1,978
50590	Lithotripsy, extracorporeal shock wave	\$3,818
51840	Bladder repair/vesical neck	\$2,760
52612	TURP	\$2,530

55810	Prostatectomy, perineal radical	\$4,738
57240	Repair Bladder & Vagina	\$1,564
57280	Suspension of Vagina	\$2,438
57282	Repair of Vaginal Prolapse	\$2,438
58150	Total Hysterectomy	\$2,875
58260	Vaginal Hysterectomy	\$2,783
58400	Suspension of Uterus	\$1,886
58600	Division of fallopian tube	\$1,334
58700	Removal of fallopian tube	\$1,748
58720	Removal of ovary/tube(s)	\$2,047
58740	Revise Fallopian Tube(s)	\$2,139
58750	Repair Oviduct	\$3,496
58770	Create New Tubal Opening	\$3,059
58925	Removal of ovarian cyst(s)	\$1,564
58940	Removal of ovary(s)	\$1,564
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,185
59150	Treat Ectopic Pregnancy	\$2,185
59400	Obstetrical Care	\$2,852
59409	Obstetrical Care	\$1,495
59410	Obstetrical Care	\$1,656
59510	Cesarean delivery	\$3,519
59851	Abortion	\$1,656
61154	Pierce Skull, Remove Clot	\$4,531
61312	Open Skull for Drainage	\$5,750
62284	Injection for Myelogram	\$736
63030	Low Back Disk Surgery	\$5,152
63035	Added Spinal Disk Surgery	\$1,679
63047	Removal of Spinal Lamina	\$5,750
63048	Removal of Spinal Lamina	\$2,024
63075	Neck Spine Disk Surgery	\$5,313
64721	Carpal Tunnel Surgery	\$1,656
65855	Laser Surgery of Eye	\$1,587
66170	Glaucoma Surgery	\$2,139
66761	Revision of Iris	\$1,265
66821	After Cataract Laser Surgery	\$1,173
66984	Remove Cataract, Insert Lens	\$3,059
67210	Treatment of Retinal Lesion	\$1,633

67228	Treatment of Retinal Lesion	\$1,748
67820	Revise Eyelashes	\$161
67840	Remove Eyelid Lesion	\$414
68761	Close Tear Duct Opening	\$253]

SCHEDULE OF SURGICAL PROCEDURES [- \$6,000 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$168
10061	I&D of Abscess, Complex	\$384
19000	Puncture Aspiration of cyst of Breast	\$192
19120	Removal of Breast Lesion	\$1,104
19180	Mastectomy, Simple	\$1,848
19240	Removal of Breast	\$2,760
20550	In Tendon/Ligament/cyst	\$144
20600	Drain/Inject Joint/Bursa	\$144
20605	Drain/Inject Joint/Bursa	\$144
22554	Neck Spine Fusion	\$6,000
23500	Closed tx, clavicle fracture	\$456
25560	Closed tx, radius fracture	\$864
27230	Closed tx, femur fracture.	\$1,320
27816	Closed tx, ankle fracture	\$936
28415	Closed tx, humerus fracture	\$2,928
29580	Application of Paste Boot	\$120
35301	Rechannelling of Artery	\$4,392
36415	Drawing blood	\$24
36489	Insertion of Catheter, Vein	\$384
36533	Insertion of Access Port	\$1,416
38562	Removal, Pelvic Lymph Nodes	\$2,928
38770	Remove Pelvis Lymph Nodes	\$3,552
38780	Remove Abdomen Lymph Nodes	\$5,856
44005	Freeing of Bowel Adhesion	\$2,376
44140	Partial Removal of Colon	\$3,408
44950	Appendectomy	\$1,728
44970	Laparoscopy surgical appendectomy	\$1,728
45378	Diagnostic Colonoscopy	\$1,008
45560	Repair of Rectocele	\$1,128
46255	Hemorrhoidectomy, internal and external	\$1,344
47600	Cholecystectomy	\$3,120

49000	Exploration of Abdomen	\$2,088
49320	Laparoscopy, diagnostic	\$1,488
49505	Repair Inguinal Hernia	\$1,704
49560	Repair Abdominal Hernia	\$2,064
50590	Lithotripsy, extracorporeal shock wave	\$3,984
51840	Bladder repair/vesical neck	\$2,880
52612	TURP	\$2,640
55810	Prostatectomy, perineal radical	\$4,944
57240	Repair Bladder & Vagina	\$1,632
57280	Suspension of Vagina	\$2,544
57282	Repair of Vaginal Prolapse	\$2,544
58150	Total Hysterectomy	\$3,000
58260	Vaginal Hysterectomy	\$2,904
58400	Suspension of Uterus	\$1,968
58600	Division of fallopian tube	\$1,392
58700	Removal of fallopian tube	\$1,824
58720	Removal of ovary/tube(s)	\$2,136
58740	Revise Fallopian Tube(s)	\$2,232
58750	Repair Oviduct	\$3,648
58770	Create New Tubal Opening	\$3,192
58925	Removal of ovarian cyst(s)	\$1,632
58940	Removal of ovary(s)	\$1,632
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,280
59150	Treat Ectopic Pregnancy	\$2,280
59400	Obstetrical Care	\$2,976
59409	Obstetrical Care	\$1,560
59410	Obstetrical Care	\$1,728
59510	Cesarean delivery	\$3,672
59851	Abortion	\$1,728
61154	Pierce Skull, Remove Clot	\$4,728
61312	Open Skull for Drainage	\$6,000
62284	Injection for Myelogram	\$768
63030	Low Back Disk Surgery	\$5,376
63035	Added Spinal Disk Surgery	\$1,752
63047	Removal of Spinal Lamina	\$6,000
63048	Removal of Spinal Lamina	\$2,112
63075	Neck Spine Disk Surgery	\$5,544

64721	Carpal Tunnel Surgery	\$1,728
65855	Laser Surgery of Eye	\$1,656
66170	Glaucoma Surgery	\$2,232
66761	Revision of Iris	\$1,320
66821	After Cataract Laser Surgery	\$1,224
66984	Remove Cataract, Insert Lens	\$3,192
67210	Treatment of Retinal Lesion	\$1,704
67228	Treatment of Retinal Lesion	\$1,824
67820	Revise Eyelashes	\$168
67840	Remove Eyelid Lesion	\$432
68761	Close Tear Duct Opening	\$264]

SCHEDULE OF SURGICAL PROCEDURES [- \$6,250 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$175
10061	I&D of Abscess, Complex	\$400
19000	Puncture Aspiration of cyst of Breast	\$200
19120	Removal of Breast Lesion	\$1,150
19180	Mastectomy, Simple	\$1,925
19240	Removal of Breast	\$2,875
20550	In Tendon/Ligament/cyst	\$150
20600	Drain/Inject Joint/Bursa	\$150
20605	Drain/Inject Joint/Bursa	\$150
22554	Neck Spine Fusion	\$6,250
23500	Closed tx, clavicle fracture	\$475
25560	Closed tx, radius fracture	\$900
27230	Closed tx, femur fracture.	\$1,375
27816	Closed tx, ankle fracture	\$975
28415	Closed tx, humerus fracture	\$3,050
29580	Application of Paste Boot	\$125
35301	Rechannelling of Artery	\$4,575
36415	Drawing blood	\$25
36489	Insertion of Catheter, Vein	\$400
36533	Insertion of Access Port	\$1,475
38562	Removal, Pelvic Lymph Nodes	\$3,050
38770	Remove Pelvis Lymph Nodes	\$3,700
38780	Remove Abdomen Lymph Nodes	\$6,100
44005	Freeing of Bowel Adhesion	\$2,475

44140	Partial Removal of Colon	\$3,550
44950	Appendectomy	\$1,800
44970	Laparoscopy surgical appendectomy	\$1,800
45378	Diagnostic Colonoscopy	\$1,050
45560	Repair of Rectocele	\$1,175
46255	Hemorrhoidectomy, internal and external	\$1,400
47600	Cholecystectomy	\$3,250
49000	Exploration of Abdomen	\$2,175
49320	Laparoscopy, diagnostic	\$1,550
49505	Repair Inguinal Hernia	\$1,775
49560	Repair Abdominal Hernia	\$2,150
50590	Lithotripsy, extracorporeal shock wave	\$4,150
51840	Bladder repair/vesical neck	\$3,000
52612	TURP	\$2,750
55810	Prostatectomy, perineal radical	\$5,150
57240	Repair Bladder & Vagina	\$1,700
57280	Suspension of Vagina	\$2,650
57282	Repair of Vaginal Prolapse	\$2,650
58150	Total Hysterectomy	\$3,125
58260	Vaginal Hysterectomy	\$3,025
58400	Suspension of Uterus	\$2,050
58600	Division of fallopian tube	\$1,450
58700	Removal of fallopian tube	\$1,900
58720	Removal of ovary/tube(s)	\$2,225
58740	Revise Fallopian Tube(s)	\$2,325
58750	Repair Oviduct	\$3,800
58770	Create New Tubal Opening	\$3,325
58925	Removal of ovarian cyst(s)	\$1,700
58940	Removal of ovary(s)	\$1,700
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,375
59150	Treat Ectopic Pregnancy	\$2,375
59400	Obstetrical Care	\$3,100
59409	Obstetrical Care	\$1,625
59410	Obstetrical Care	\$1,800
59510	Cesarean delivery	\$3,825
59851	Abortion	\$1,800
61154	Pierce Skull, Remove Clot	\$4,925

61312	Open Skull for Drainage	\$6,250
62284	Injection for Myelogram	\$800
63030	Low Back Disk Surgery	\$5,600
63035	Added Spinal Disk Surgery	\$1,825
63047	Removal of Spinal Lamina	\$6,250
63048	Removal of Spinal Lamina	\$2,200
63075	Neck Spine Disk Surgery	\$5,775
64721	Carpal Tunnel Surgery	\$1,800
65855	Laser Surgery of Eye	\$1,725
66170	Glaucoma Surgery	\$2,325
66761	Revision of Iris	\$1,375
66821	After Cataract Laser Surgery	\$1,275
66984	Remove Cataract, Insert Lens	\$3,325
67210	Treatment of Retinal Lesion	\$1,775
67228	Treatment of Retinal Lesion	\$1,900
67820	Revise Eyelashes	\$175
67840	Remove Eyelid Lesion	\$450
68761	Close Tear Duct Opening	\$275]

SCHEDULE OF SURGICAL PROCEDURES [- \$6,500 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$182
10061	I&D of Abscess, Complex	\$416
19000	Puncture Aspiration of cyst of Breast	\$208
19120	Removal of Breast Lesion	\$1,196
19180	Mastectomy, Simple	\$2,002
19240	Removal of Breast	\$2,990
20550	In Tendon/Ligament/cyst	\$156
20600	Drain/Inject Joint/Bursa	\$156
20605	Drain/Inject Joint/Bursa	\$156
22554	Neck Spine Fusion	\$6,500
23500	Closed tx, clavicle fracture	\$494
25560	Closed tx, radius fracture	\$936
27230	Closed tx, femur fracture.	\$1,430
27816	Closed tx, ankle fracture	\$1,014
28415	Closed tx, humerus fracture	\$3,172
29580	Application of Paste Boot	\$130
35301	Rechanneling of Artery	\$4,758

36415	Drawing blood	\$26
36489	Insertion of Catheter, Vein	\$416
36533	Insertion of Access Port	\$1,534
38562	Removal, Pelvic Lymph Nodes	\$3,172
38770	Remove Pelvis Lymph Nodes	\$3,848
38780	Remove Abdomen Lymph Nodes	\$6,344
44005	Freeing of Bowel Adhesion	\$2,574
44140	Partial Removal of Colon	\$3,692
44950	Appendectomy	\$1,872
44970	Laparoscopy surgical appendectomy	\$1,872
45378	Diagnostic Colonoscopy	\$1,092
45560	Repair of Rectocele	\$1,222
46255	Hemorrhoidectomy, internal and external	\$1,456
47600	Cholecystectomy	\$3,380
49000	Exploration of Abdomen	\$2,262
49320	Laparoscopy, diagnostic	\$1,612
49505	Repair Inguinal Hernia	\$1,846
49560	Repair Abdominal Hernia	\$2,236
50590	Lithotripsy, extracorporeal shock wave	\$4,316
51840	Bladder repair/vesical neck	\$3,120
52612	TURP	\$2,860
55810	Prostatectomy, perineal radical	\$5,356
57240	Repair Bladder & Vagina	\$1,768
57280	Suspension of Vagina	\$2,756
57282	Repair of Vaginal Prolapse	\$2,756
58150	Total Hysterectomy	\$3,250
58260	Vaginal Hysterectomy	\$3,146
58400	Suspension of Uterus	\$2,132
58600	Division of fallopian tube	\$1,508
58700	Removal of fallopian tube	\$1,976
58720	Removal of ovary/tube(s)	\$2,314
58740	Revise Fallopian Tube(s)	\$2,418
58750	Repair Oviduct	\$3,952
58770	Create New Tubal Opening	\$3,458
58925	Removal of ovarian cyst(s)	\$1,768
58940	Removal of ovary(s)	\$1,768
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,470

59150	Treat Ectopic Pregnancy	\$2,470
59400	Obstetrical Care	\$3,224
59409	Obstetrical Care	\$1,690
59410	Obstetrical Care	\$1,872
59510	Cesarean delivery	\$3,978
59851	Abortion	\$1,872
61154	Pierce Skull, Remove Clot	\$5,122
61312	Open Skull for Drainage	\$6,500
62284	Injection for Myelogram	\$832
63030	Low Back Disk Surgery	\$5,824
63035	Added Spinal Disk Surgery	\$1,898
63047	Removal of Spinal Lamina	\$6,500
63048	Removal of Spinal Lamina	\$2,288
63075	Neck Spine Disk Surgery	\$6,006
64721	Carpal Tunnel Surgery	\$1,872
65855	Laser Surgery of Eye	\$1,794
66170	Glaucoma Surgery	\$2,418
66761	Revision of Iris	\$1,430
66821	After Cataract Laser Surgery	\$1,326
66984	Remove Cataract, Insert Lens	\$3,458
67210	Treatment of Retinal Lesion	\$1,846
67228	Treatment of Retinal Lesion	\$1,976
67820	Revise Eyelashes	\$182
67840	Remove Eyelid Lesion	\$468
68761	Close Tear Duct Opening	\$286]

SCHEDULE OF SURGICAL PROCEDURES [- \$6,750 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$189
10061	I&D of Abscess, Complex	\$432
19000	Puncture Aspiration of cyst of Breast	\$216
19120	Removal of Breast Lesion	\$1,242
19180	Mastectomy, Simple	\$2,079
19240	Removal of Breast	\$3,105
20550	In Tendon/Ligament/cyst	\$162
20600	Drain/Inject Joint/Bursa	\$162
20605	Drain/Inject Joint/Bursa	\$162
22554	Neck Spine Fusion	\$6,750

23500	Closed tx, clavicle fracture	\$513
25560	Closed tx, radius fracture	\$972
27230	Closed tx, femur fracture.	\$1,485
27816	Closed tx, ankle fracture	\$1,053
28415	Closed tx, humerus fracture	\$3,294
29580	Application of Paste Boot	\$135
35301	Rechannelling of Artery	\$4,941
36415	Drawing blood	\$27
36489	Insertion of Catheter, Vein	\$432
36533	Insertion of Access Port	\$1,593
38562	Removal, Pelvic Lymph Nodes	\$3,294
38770	Remove Pelvis Lymph Nodes	\$3,996
38780	Remove Abdomen Lymph Nodes	\$6,588
44005	Freeing of Bowel Adhesion	\$2,673
44140	Partial Removal of Colon	\$3,834
44950	Appendectomy	\$1,944
44970	Laparoscopy surgical appendectomy	\$1,944
45378	Diagnostic Colonoscopy	\$1,134
45560	Repair of Rectocele	\$1,269
46255	Hemorrhoidectomy, internal and external	\$1,512
47600	Cholecystectomy	\$3,510
49000	Exploration of Abdomen	\$2,349
49320	Laparoscopy, diagnostic	\$1,674
49505	Repair Inguinal Hernia	\$1,917
49560	Repair Abdominal Hernia	\$2,322
50590	Lithotripsy, extracorporeal shock wave	\$4,482
51840	Bladder repair/vesical neck	\$3,240
52612	TURP	\$2,970
55810	Prostatectomy, perineal radical	\$5,562
57240	Repair Bladder & Vagina	\$1,836
57280	Suspension of Vagina	\$2,862
57282	Repair of Vaginal Prolapse	\$2,862
58150	Total Hysterectomy	\$3,375
58260	Vaginal Hysterectomy	\$3,267
58400	Suspension of Uterus	\$2,214
58600	Division of fallopian tube	\$1,566
58700	Removal of fallopian tube	\$2,052

58720	Removal of ovary/tube(s)	\$2,403
58740	Revise Fallopian Tube(s)	\$2,511
58750	Repair Oviduct	\$4,104
58770	Create New Tubal Opening	\$3,591
58925	Removal of ovarian cyst(s)	\$1,836
58940	Removal of ovary(s)	\$1,836
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,565
59150	Treat Ectopic Pregnancy	\$2,565
59400	Obstetrical Care	\$3,348
59409	Obstetrical Care	\$1,755
59410	Obstetrical Care	\$1,944
59510	Cesarean delivery	\$4,131
59851	Abortion	\$1,944
61154	Pierce Skull, Remove Clot	\$5,319
61312	Open Skull for Drainage	\$6,750
62284	Injection for Myelogram	\$864
63030	Low Back Disk Surgery	\$6,048
63035	Added Spinal Disk Surgery	\$1,971
63047	Removal of Spinal Lamina	\$6,750
63048	Removal of Spinal Lamina	\$2,376
63075	Neck Spine Disk Surgery	\$6,237
64721	Carpal Tunnel Surgery	\$1,944
65855	Laser Surgery of Eye	\$1,863
66170	Glaucoma Surgery	\$2,511
66761	Revision of Iris	\$1,485
66821	After Cataract Laser Surgery	\$1,377
66984	Remove Cataract, Insert Lens	\$3,591
67210	Treatment of Retinal Lesion	\$1,917
67228	Treatment of Retinal Lesion	\$2,052
67820	Revise Eyelashes	\$189
67840	Remove Eyelid Lesion	\$486
68761	Close Tear Duct Opening	\$297]

SCHEDULE OF SURGICAL PROCEDURES [- \$7,000 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$196
10061	I&D of Abscess, Complex	\$448
19000	Puncture Aspiration of cyst of Breast	\$224

19120	Removal of Breast Lesion	\$1,288
19180	Mastectomy, Simple	\$2,156
19240	Removal of Breast	\$3,220
20550	In Tendon/Ligament/cyst	\$168
20600	Drain/Inject Joint/Bursa	\$168
20605	Drain/Inject Joint/Bursa	\$168
22554	Neck Spine Fusion	\$7,000
23500	Closed tx, clavicle fracture	\$532
25560	Closed tx, radius fracture	\$1,008
27230	Closed tx, femur fracture.	\$1,540
27816	Closed tx, ankle fracture	\$1,092
28415	Closed tx, humerus fracture	\$3,416
29580	Application of Paste Boot	\$140
35301	Rechannelling of Artery	\$5,124
36415	Drawing blood	\$28
36489	Insertion of Catheter, Vein	\$448
36533	Insertion of Access Port	\$1,652
38562	Removal, Pelvic Lymph Nodes	\$3,416
38770	Remove Pelvis Lymph Nodes	\$4,144
38780	Remove Abdomen Lymph Nodes	\$6,832
44005	Freeing of Bowel Adhesion	\$2,772
44140	Partial Removal of Colon	\$3,976
44950	Appendectomy	\$2,016
44970	Laparoscopy surgical appendectomy	\$2,016
45378	Diagnostic Colonoscopy	\$1,176
45560	Repair of Rectocele	\$1,316
46255	Hemorrhoidectomy, internal and external	\$1,568
47600	Cholecystectomy	\$3,640
49000	Exploration of Abdomen	\$2,436
49320	Laparoscopy, diagnostic	\$1,736
49505	Repair Inguinal Hernia	\$1,988
49560	Repair Abdominal Hernia	\$2,408
50590	Lithotripsy, extracorporeal shock wave	\$4,648
51840	Bladder repair/vesical neck	\$3,360
52612	TURP	\$3,080
55810	Prostatectomy, perineal radical	\$5,768
57240	Repair Bladder & Vagina	\$1,904

57280	Suspension of Vagina	\$2,968
57282	Repair of Vaginal Prolapse	\$2,968
58150	Total Hysterectomy	\$3,500
58260	Vaginal Hysterectomy	\$3,388
58400	Suspension of Uterus	\$2,296
58600	Division of fallopian tube	\$1,624
58700	Removal of fallopian tube	\$2,128
58720	Removal of ovary/tube(s)	\$2,492
58740	Revise Fallopian Tube(s)	\$2,604
58750	Repair Oviduct	\$4,256
58770	Create New Tubal Opening	\$3,724
58925	Removal of ovarian cyst(s)	\$1,904
58940	Removal of ovary(s)	\$1,904
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,660
59150	Treat Ectopic Pregnancy	\$2,660
59400	Obstetrical Care	\$3,472
59409	Obstetrical Care	\$1,820
59410	Obstetrical Care	\$2,016
59510	Cesarean delivery	\$4,284
59851	Abortion	\$2,016
61154	Pierce Skull, Remove Clot	\$5,516
61312	Open Skull for Drainage	\$7,000
62284	Injection for Myelogram	\$896
63030	Low Back Disk Surgery	\$6,272
63035	Added Spinal Disk Surgery	\$2,044
63047	Removal of Spinal Lamina	\$7,000
63048	Removal of Spinal Lamina	\$2,464
63075	Neck Spine Disk Surgery	\$6,468
64721	Carpal Tunnel Surgery	\$2,016
65855	Laser Surgery of Eye	\$1,932
66170	Glaucoma Surgery	\$2,604
66761	Revision of Iris	\$1,540
66821	After Cataract Laser Surgery	\$1,428
66984	Remove Cataract, Insert Lens	\$3,724
67210	Treatment of Retinal Lesion	\$1,988
67228	Treatment of Retinal Lesion	\$2,128
67820	Revise Eyelashes	\$196

67840	Remove Eyelid Lesion	\$504
68761	Close Tear Duct Opening	\$308]

SCHEDULE OF SURGICAL PROCEDURES [- \$7,250 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$203
10061	I&D of Abscess, Complex	\$464
19000	<i>Puncture Aspiration of cyst of Breast</i>	\$232
19120	Removal of Breast Lesion	\$1,334
19180	Mastectomy, Simple	\$2,233
19240	Removal of Breast	\$3,335
20550	In Tendon/Ligament/cyst	\$174
20600	Drain/Inject Joint/Bursa	\$174
20605	Drain/Inject Joint/Bursa	\$174
22554	Neck Spine Fusion	\$7,250
23500	Closed tx, clavicle fracture	\$551
25560	Closed tx, radius fracture	\$1,044
27230	Closed tx, femur fracture.	\$1,595
27816	Closed tx, ankle fracture	\$1,131
28415	Closed tx, humerus fracture	\$3,538
29580	Application of Paste Boot	\$145
35301	Rechannelling of Artery	\$5,307
36415	Drawing blood	\$29
36489	Insertion of Catheter, Vein	\$464
36533	Insertion of Access Port	\$1,711
38562	Removal, Pelvic Lymph Nodes	\$3,538
38770	Remove Pelvis Lymph Nodes	\$4,292
38780	Remove Abdomen Lymph Nodes	\$7,076
44005	Freeing of Bowel Adhesion	\$2,871
44140	Partial Removal of Colon	\$4,118
44950	Appendectomy	\$2,088
44970	Laparoscopy surgical appendectomy	\$2,088
45378	Diagnostic Colonoscopy	\$1,218
45560	Repair of Rectocele	\$1,363
46255	Hemorrhoidectomy, internal and external	\$1,624
47600	Cholecystectomy	\$3,770
49000	Exploration of Abdomen	\$2,523
49320	Laparoscopy, diagnostic	\$1,798

49505	Repair Inguinal Hernia	\$2,059
49560	Repair Abdominal Hernia	\$2,494
50590	Lithotripsy, extracorporeal shock wave	\$4,814
51840	Bladder repair/vesical neck	\$3,480
52612	TURP	\$3,190
55810	Prostatectomy, perineal radical	\$5,974
57240	Repair Bladder & Vagina	\$1,972
57280	Suspension of Vagina	\$3,074
57282	Repair of Vaginal Prolapse	\$3,074
58150	Total Hysterectomy	\$3,625
58260	Vaginal Hysterectomy	\$3,509
58400	Suspension of Uterus	\$2,378
58600	Division of fallopian tube	\$1,682
58700	Removal of fallopian tube	\$2,204
58720	Removal of ovary/tube(s)	\$2,581
58740	Revise Fallopian Tube(s)	\$2,697
58750	Repair Oviduct	\$4,408
58770	Create New Tubal Opening	\$3,857
58925	Removal of ovarian cyst(s)	\$1,972
58940	Removal of ovary(s)	\$1,972
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,755
59150	Treat Ectopic Pregnancy	\$2,755
59400	Obstetrical Care	\$3,596
59409	Obstetrical Care	\$1,885
59410	Obstetrical Care	\$2,088
59510	Cesarean delivery	\$4,437
59851	Abortion	\$2,088
61154	Pierce Skull, Remove Clot	\$5,713
61312	Open Skull for Drainage	\$7,250
62284	Injection for Myelogram	\$928
63030	Low Back Disk Surgery	\$6,496
63035	Added Spinal Disk Surgery	\$2,117
63047	Removal of Spinal Lamina	\$7,250
63048	Removal of Spinal Lamina	\$2,552
63075	Neck Spine Disk Surgery	\$6,699
64721	Carpal Tunnel Surgery	\$2,088
65855	Laser Surgery of Eye	\$2,001

66170	Glaucoma Surgery	\$2,697
66761	Revision of Iris	\$1,595
66821	After Cataract Laser Surgery	\$1,479
66984	Remove Cataract, Insert Lens	\$3,857
67210	Treatment of Retinal Lesion	\$2,059
67228	Treatment of Retinal Lesion	\$2,204
67820	Revise Eyelashes	\$203
67840	Remove Eyelid Lesion	\$522
68761	Close Tear Duct Opening	\$319]

SCHEDULE OF SURGICAL PROCEDURES [- \$7,500 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$210
10061	I&D of Abscess, Complex	\$480
19000	Puncture Aspiration of cyst of Breast	\$240
19120	Removal of Breast Lesion	\$1,380
19180	Mastectomy, Simple	\$2,310
19240	Removal of Breast	\$3,450
20550	In Tendon/Ligament/cyst	\$180
20600	Drain/Inject Joint/Bursa	\$180
20605	Drain/Inject Joint/Bursa	\$180
22554	Neck Spine Fusion	\$7,500
23500	Closed tx, clavicle fracture	\$570
25560	Closed tx, radius fracture	\$1,080
27230	Closed tx, femur fracture.	\$1,650
27816	Closed tx, ankle fracture	\$1,170
28415	Closed tx, humerus fracture	\$3,660
29580	Application of Paste Boot	\$150
35301	Rechannelling of Artery	\$5,490
36415	Drawing blood	\$30
36489	Insertion of Catheter, Vein	\$480
36533	Insertion of Access Port	\$1,770
38562	Removal, Pelvic Lymph Nodes	\$3,660
38770	Remove Pelvis Lymph Nodes	\$4,440
38780	Remove Abdomen Lymph Nodes	\$7,320
44005	Freeing of Bowel Adhesion	\$2,970
44140	Partial Removal of Colon	\$4,260
44950	Appendectomy	\$2,160

44970	Laparoscopy surgical appendectomy	\$2,160
45378	Diagnostic Colonoscopy	\$1,260
45560	Repair of Rectocele	\$1,410
46255	Hemorrhoidectomy, internal and external	\$1,680
47600	Cholecystectomy	\$3,900
49000	Exploration of Abdomen	\$2,610
49320	Laparoscopy, diagnostic	\$1,860
49505	Repair Inguinal Hernia	\$2,130
49560	Repair Abdominal Hernia	\$2,580
50590	Lithotripsy, extracorporeal shock wave	\$4,980
51840	Bladder repair/vesical neck	\$3,600
52612	TURP	\$3,300
55810	Prostatectomy, perineal radical	\$6,180
57240	Repair Bladder & Vagina	\$2,040
57280	Suspension of Vagina	\$3,180
57282	Repair of Vaginal Prolapse	\$3,180
58150	Total Hysterectomy	\$3,750
58260	Vaginal Hysterectomy	\$3,630
58400	Suspension of Uterus	\$2,460
58600	Division of fallopian tube	\$1,740
58700	Removal of fallopian tube	\$2,280
58720	Removal of ovary/tube(s)	\$2,670
58740	Revise Fallopian Tube(s)	\$2,790
58750	Repair Oviduct	\$4,560
58770	Create New Tubal Opening	\$3,990
58925	Removal of ovarian cyst(s)	\$2,040
58940	Removal of ovary(s)	\$2,040
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,850
59150	Treat Ectopic Pregnancy	\$2,850
59400	Obstetrical Care	\$3,720
59409	Obstetrical Care	\$1,950
59410	Obstetrical Care	\$2,160
59510	Cesarean delivery	\$4,590
59851	Abortion	\$2,160
61154	Pierce Skull, Remove Clot	\$5,910
61312	Open Skull for Drainage	\$7,500
62284	Injection for Myelogram	\$960

63030	Low Back Disk Surgery	\$6,720
63035	Added Spinal Disk Surgery	\$2,190
63047	Removal of Spinal Lamina	\$7,500
63048	Removal of Spinal Lamina	\$2,640
63075	Neck Spine Disk Surgery	\$6,930
64721	Carpal Tunnel Surgery	\$2,160
65855	Laser Surgery of Eye	\$2,070
66170	Glaucoma Surgery	\$2,790
66761	Revision of Iris	\$1,650
66821	After Cataract Laser Surgery	\$1,530
66984	Remove Cataract, Insert Lens	\$3,990
67210	Treatment of Retinal Lesion	\$2,130
67228	Treatment of Retinal Lesion	\$2,280
67820	Revise Eyelashes	\$210
67840	Remove Eyelid Lesion	\$540
68761	Close Tear Duct Opening	\$300]

[Schedule of Excepted Procedures]

CPT Code	Description
[36415	Collection of Venous Blood By Venipuncture
36416	Collecton of Capillary Blood Specimen
17003	Destruc Ben/Premalig Les Other Than Skin Tag;2-14 Ea
11055	Par/Cut Ben Hyperkeratotic Lesion; Single Lesion
11720	Debridement of Nail By Any Method; One To Five
11719	Trimming of Nondystrophic Nails Any Number
11056	Paring/Cut Ben Hyperkeratotic Lesion; 2-4 Les
29550	Strapping; Toes
11001	Debrid Ext Eczem/Inf Skin; Ea Add 10% Bdy Surfce
69401	Eustachian Tube Inflation Transnasl; W/O Cath
36410	Venipunct Age 3 Yr Md Skill-Sep Proc Not Routine
36540	Clct Bld Spec From Cmpl Impl Venous Acsss Device
11721	Debridement of Nail By Any Method; Six or More
29280	Strapping; Hand or Finger
29720	Repair of Spica Body Cast or Jacket
11732	Avul Nail Plat Part/Cmpl Smpl; Ea Add Nail Plat
11740	Evacuation of Subungual Hematoma
30210	Displacement Therapy
11040	Debridement; Skin Partial Thickness
29260	Strapping; Elbow or Wrist
57170	Diaphragm Or Cervical Cap Fitting W/Instructions
16000	Init Tx 1 Deg Burn When No > Loc Tx Is Required

29730	Windowing of Cast
11057	Paring/Cut Ben Hyperkeratotic Lesion; > 4 Les
36405	Venipuncture Under Age 3 Years; Scalp Vein
36406	Venipuncture Under Age 3 Years; Other Vein
69210	Removal Impacted Cerumen One or Both Ears
29130	Application Of Finger Splint; Static
29200	Strapping; Thorax
29240	Strapping; Shoulder
29440	Adding Walker To Previously Applied Cast
29540	Strapping; Ankle And/or Foot
29700	Removal/Bivalving; Gauntlet-Boot/Body Cast
36400	Venipuncture Under Age 3 Years; Femoral/Jugular
46600	Anoscopy; Dx W/Wo Collct Specimen Brush/Wash-Sp
59051	Fetal Mon-Labor-Cnslt Md W/Writn Reprt; Interp
17250	Chemical Cauterization of Granulation Tissue
57160	Fit&Insrtn Pessary/Oth Intravag Support Device
69090	Ear Piercing
58301	Removal Of Intrauterine Device
20526	Injection Therapeutic Carpal Tunnel
20612	Aspir &or Injection Gang Cysts Any Location
15787	Abrasion; Each Additional Four Lesions or Less
15850	Removal Of Sutures Under Anesthesia Same Surgeon
11201	Removal Skin Tags Any Area;Ea Add 10 Lesions
29530	Strapping; Knee
29705	Removal or Bivalving; Full Arm or Full Leg Cast
29750	Wedging of Clubfoot Cast
11000	Debrid Ext Eczem/Inf Skin; Up 10% Body Surface
17000	Destruc Ben/Premalig Les Other Than Skin Tag; 1 Les
17110	Destruc Flat Warts Mollusc Contag/Milia; Up 14
11900	Injection Intralesional; Up To&Incl 7 Lesions
11101	Bx Skin Subq Tissue &/ Mucous Membrane; Ea Add
19001	Puncture Aspiration Cyst Breast; Ea Add Cyst
30200	Injection Into Turbinate Therapeutic
57150	Irriga Vag &/or Applic Medicament-Tx Bacteril Dz
69220	Debridement Mastoidectomy Cavity Simple
42550	Injection Procedure for Sialography
42650	Dilation Salivary Duct
69400	Eustachian Tube Inflation Transnasal; W/Cath
69405	Eustachian Tube Catheterization Transtympanic
69410	Focal Applic Phase Control Substance Mid Ear
10040	Acne Surgery
19291	Preop Plcmt Ndle Loc Wire Breast; Ea Add Lesion
29740	Wedging of Cast

11300	Shav Epid/Derm 1 Les Trunk Arms/Legs; 0.5cm/Less
16020	Drsg &Or Debrid Init/Subsqt; W/O Anes-Ofc/Hos Sm
65205	Removal Fb External Eye; Conjunct Superficial
41821	Operculectomy Excision Pericoronal Tissues
11730	Avul Nail Plate Partial/Complete Simple; Single
51701	Insertion Non-Indwelling Bladder Catheter
51702	Insertion Temp Indwelling Bladder Cath; Simple
29580	Strapping; Unna Boot
50684	Inj Proc-Ureterography Thru Ureterostomy/Cath
33968	Removal Intra-Aortic Balloon Assist Device Perq]



A HIGHMARK COMPANY

HM Life Insurance
Company

HM Life Insurance
Company of New York

HM Casualty
Insurance Company

RBS Re

HM Benefits
Administrators

June 2, 2011

Arkansas Department of Insurance

VIA SERFF

Re: HM Life Insurance Company
NAIC Co. #93440
Indemnity Medical Insurance Form Filing

**Small Business United Association Filing – Forms:
Certificate HM905 LMC 510-A**

Dear Ms. Minor:

Thank you for your continued review of this filing. The following is in response to your objections:

[Objection 1](#)

Comments:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

The definition of Eligible Dependent has been revised to remove the 31-day time and to state within a reasonable time.

[Objection 2](#)

Comments:

Coverage for a newborn infant must be for at least 90 days as outlined under ACA 23-79-129.

The last paragraph on page 9 has been revised to allow for 90 days to notify the insurer of a newborn child.

If you have any questions, please contact me at the above address, by telephone at 412-544-0923 or if you prefer via e-mail to Jennifer.bayich@hminsurancegroup.com. Thank you in advance for your time and consideration.

Sincerely,

Jennifer L. Bayich, Esq.
Compliance Analyst III

Mailing Address

PO Box 535061
Pittsburgh, PA 15253-5061

Overnight Deliveries

Fifth Avenue Place
120 Fifth Avenue
Pittsburgh, PA 15222-3099

www.hminsurancegroup.com

Telephone

412-544-1000
800-328-5433

<i>SERFF Tracking Number:</i>	<i>HMRK-127156515</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>HM Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48705</i>
<i>Company Tracking Number:</i>	<i>HM905-LMP (5/10)-A</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Limited Benefit Medical</i>		
<i>Project Name/Number:</i>	<i>SBU Assoc. Filing/HM905-LMP (5/10)-A</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/06/2011	Form	Certificate	06/02/2011	HM905 LMC 510-A.pdf (Superseded)

HM Life Insurance Company

120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

HM Life Insurance Company, certifies that you will be insured under the Group Policy Number issued to the Policyholder shown below during the time, in the manner, and for the amounts provided in the Group Policy.



President

POLICYHOLDER:	Small Business United
GROUP POLICY NUMBER:	[*]
POLICY EFFECTIVE DATE:	[*]
CERTIFICATE EFFECTIVE DATE:	[*]
STATE OF ISSUE:	Texas

A Group Policy has been issued to the Policyholder. Your coverage under that Group Policy is shown in this Certificate. If your coverage is changed by an amendment to the Group Policy, We will provide the Policyholder with a revised Certificate or other notice to be given to you.

PLEASE READ THIS CERTIFICATE CAREFULLY

This Certificate of Insurance has a Table of Contents to help you find specific provisions. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Certificate Effective Date shown above, at the Policyholder's address. The laws of the State of Issue shown above govern this Certificate.

"You" and "your" refer to the Covered Employee. The "Company", we", "us", and "our" refer to **HM Life Insurance Company**. Other defined terms are printed with an initial capital letter.

• GROUP INDEMNITY MEDICAL INSURANCE CERTIFICATE • NON-PARTICIPATING

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

THIS CERTIFICATE DESCRIBES THE GROUP INDEMNITY MEDICAL INSURANCE PROVIDED UNDER THE GROUP POLICY. THE GROUP POLICY DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL INSURANCE.

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SCHEDULE OF BENEFITS

This Certificate is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to the benefits provided by the Policy under this Certificate please read all the provisions carefully.

Eligible Persons: An Eligible Person is an individual who *[include when there is more than one class of Eligible Persons - meets all of the requirements of one of the Covered Classes shown below]* [is [a full-time employee of the Policyholder who works at least [15] hours per week.]]

Class 1	All employees of the Policyholder who are officers
Class 2	All employees of the Policyholder who are managers or supervisors
Class 3	All other employees of the Policyholder]

Eligibility Waiting Period

The Eligibility Waiting Period is the period of time an Employee must be in a Covered Class to be eligible for this insurance. It will be extended by the number of days the Employee is not in Active Service.

For Employees hired [[31 days] or more] before [No Waiting Period] the Policy Effective Date:
For Employees hired [less than [31 days] before, [No Waiting Period; 31 days]] or] after the Policy Effective Date:

MEDICAL INDEMNITY BENEFITS

This *Schedule of Benefits* provides a brief outline of the Medical Indemnity Benefits provided by the Policy under this Certificate. Please read the *Description of Benefits* section for full details.

Covered Expense

Benefit Amount

In-Patient Hospital Services

Maximum Daily In-Hospital Benefit	[\$100-\$2,000]
Maximum Days per [Plan] Year	[20-365]
[Additional Daily Benefit for the first day of Hospital confinement (limited to [1-2] admissions per [Plan] Year)]	[\$100-\$2,000]
[Daily ICU, CCU, NICU or PICU Benefit]	[\$100-\$4,000]
[Maximum Days per [Plan] Year]	[1-90]
[Mental / Nervous Conditions Benefit]	[50% of the Daily In-Hospital Benefit]
[Maximum Days per [Plan] Year]	[10-30]
[Substance Abuse Benefit]	[50% of the Daily In-Hospital Benefit]
[Maximum Days per [Plan] Year]	[10-30]

Out-Patient Hospital Services

Daily Out-Patient Treatments	[\$25-\$500]
Maximum Days per [Plan] Year	[1-8]

Out-Patient Diagnostic Testing Benefit	
Daily Out-Patient Tests	[\$25-\$500]
Maximum Days per [Plan] Year (limited to one test per day)	[1-8]
Hospital Emergency Room Benefit	
Benefit Amount per Visit	[\$100 - \$500]
Maximum Visits per [Plan] Year for Covered Accidents	[1-5]
Maximum Visits per [Plan] Year for Covered Sickness	[1-5]
[Physician Services]	
[Surgery Benefit]	[See Schedule of Surgical Procedures]
Maximum Procedures per [Plan] Year[*]	[1-5]
[* Exceptions apply – See Schedule of Excepted Procedures]	
[Anesthesia Benefit]	[20% of the Surgery Benefit payable for the procedure performed]
[Inpatient Visits]	
Benefit per Visit	[\$30 - \$100]
[Maximum Number of Visits per [Plan] Year (Limited to 1 visit per day)]	[1-6]
[Office Visits]	
Maximum Benefit per Visit]	[\$30-\$100]
[Maximum Number of Visits per [Plan] year]	[1-15]
[Outpatient Prescription Drug Benefit]	
[Generic Drugs Benefit]	[\$2-\$20]
[Maximum generic prescriptions per [Plan] year]	[1-24]
[Brand Drugs Benefit]	[\$2-\$30]
[Maximum brand prescriptions per [Plan] year]	[1-24]
[Home Health Care Benefit]	
[Benefit per day]	[\$20-\$50]
[Maximum number of days per [Plan] Year]	[5-75]
[Ambulance Service]	
Benefit per Trip	[\$75-\$300]
Maximum Number of Trips per [Plan] year]	[1-3]

[Wellness Service Benefit]

[Benefit per Service] [\$25-\$100]
[Maximum Services]
per [Plan] Year [1-3]

[Wellness Screening Test Benefit]

[Benefit per [Test] [Day] [\$20-\$150]
[Maximum [Tests] [Days]
per [Plan] Year [1-3]

Contributions

The [entire] cost of this insurance is paid by [the] [Policyholder] [and] [Covered Persons].

GENERAL DEFINITIONS

Please note that certain words used in this Certificate have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our the words defined below and capitalized within the text of this Certificate have the meanings set forth below.

Active Service means that the Covered Employee is either:

1. at work on one of the Employer's scheduled work days and is performing his regular duties on a full-time basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires him to travel;
2. on a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, only if the Employee was in Active Service on the preceding scheduled workday.

A Covered Person is considered in Active Service if he is none of the following:

1. an Inpatient in a Hospital, Skilled Nursing Facility, rehabilitation hospital, convalescent facility or receiving Outpatient care or chemotherapy or radiation therapy;
2. confined at home under the care of a Physician for a treatment of a Covered Sickness or of injury sustained in a Covered Accident; or
3. totally disabled.

Autism Spectrum Disorder means a neurobiological disorder (defined below) that includes Autism, Asperger's Syndrome, or Pervasive Development Disorder-- Not Otherwise Specified.

Ambulance Service means an entity which is licensed by the state, where required, which provides local air or land transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured. A Trip means transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured, for example:

- a. from a Covered Person's home, the scene of an accident or medical emergency to a Hospital or skilled nursing facility; or
- b. between Hospitals; or
- c. between a Hospital and skilled nursing facility

Treatment means care, services or supplies, provided by or at the direction of a Physician for a Covered Expense.

Company or we, us or our means HM Life Insurance Company, domiciled in Pennsylvania.

Covered Accident means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. occurs while the Covered Employee is covered under this Certificate or is not subject to the Pre-Existing Condition Limitation;
2. treatment must be rendered within 72 hours of such Covered Accident;
3. is not contributed to by disease, sickness, or mental or bodily infirmity; and
4. is not otherwise excluded under the terms of this Certificate.

Covered Employee means an Eligible Person, as defined in the *Schedule of Benefits*, for whom an enrollment form has been accepted by us and required premium has been paid when due and for whom coverage under this Certificate remains in force.

Covered Expenses means the benefits shown, for services or supplies listed, in the *Schedule of Benefits* and described in the *Medical Indemnity Benefits* section of this Certificate. Covered Expenses must be Incurred by a Covered Person for Treatment of a Covered Accident or a Covered Sickness.

Covered Person means a Covered Employee, an eligible spouse and eligible dependent children who are covered under this Certificate.

Covered Sickness means a bodily disorder, disease, physical or mental condition, functional nervous disorder, pregnancy, or complication of pregnancy that:

1. is first manifested while the Covered Person is covered under this Certificate or is not subject to the Pre-Existing Condition Limitation; and
2. is not otherwise excluded under the terms of this Certificate.

A Covered Sickness includes congenital defects and birth abnormalities of a newborn child.

Eligible Dependent means the Covered Employee's:

1. lawful spouse, unless such spouse is eligible for medical coverage as a Covered Employee under this Policy; and
2. unmarried natural or step child, unless such child is eligible for medical coverage as a Covered Employee under this Policy and who:
 - a. is less than [19] [26] years old; or
 - b. [each of your unmarried children who is under [25] years of age and attending an accredited educational institution as a full-time student.]
 - c. becomes incapable of self-support because of mental retardation or physical handicap before reaching the limiting age for dependent children. The Company must receive proof of incapacity within 31 days after coverage would otherwise terminate. This insurance will continue for as long as the Covered Employee's insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age [25] [26];
 - d. is adopted by or placed for adoption with, or is party in a suit for adoption by, the Covered Employee; or
 - e. is required to be provided coverage by the Insured or his spouse under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a

judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609[a]).

Eligible Person means an individual as defined in the *Schedule of Benefits*

[Provide **Evidence of Insurability** means a Covered Person must upon request and at their expense:

1. Complete and sign our health and medical history form.
2. Sign our form authorizing us to obtain information about his health and other insurance coverage.
3. Provide any additional reasonable information about his insurability that we request.
4. Undergo a physical examination and testing at our request.]

He, him or his means an individual, male or female.

Hospital means an institution that meets all of the following:

1. it is licensed and accredited by the Joint Commission on Accreditation of Health Care Organizations as a Hospital pursuant to applicable law; it is primarily and continuously engaged in providing medical care and treatment to a sick and injured persons;
2. it is managed under the supervision of a staff of legally licensed physicians;
3. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
4. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
5. it charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent or custodial care;
2. the aged; or
3. Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person Incurs an expense.

Hospital Stay means a confinement in a Hospital, ordered by a Physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a Covered Accident or a Covered Sickness. Separate Hospital Stays due to the same Covered Accident or Covered Sickness will be treated as one Hospital Stay unless (a) separated by at least [90] days or (b) a Covered Employee returns to Active Service for [30] or more days between Hospital Stays.

Incurred or Incurs means an obligation to pay for a Covered Expense for treatment, service or purchase of supplies, deemed to be the date it is provided to the Covered Person.

In-Patient means a Covered Person who is confined for at least one full day or twenty-four (24) continuous hours in a Hospital and incurred room and board charges. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case The term "Inpatient" shall mean [a Covered Person] who is required to be confined for a period of at least a full day or

twenty-four (24) continuous hours as determined by the Hospital.

Out-Patient means a Covered Person who receives covered treatment, services and supplies while not an Inpatient in a Hospital.

Physician means a licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:

1. employed or retained by the Policyholder; or
2. living in the Covered Person's household; or
3. a parent, sibling, spouse or child of the Covered Person.

Policyholder means the entity shown on the cover page of this policy.

[Pre-Existing Condition means any injury sustained in an accident that occurred, or a sickness that first manifested itself before the Covered Person's effective date of coverage under this Policy and for which the Covered Person has not received any diagnosis, medical advice, care or treatment within the 6-month period immediately preceding His effective date of coverage.

A pregnancy that existed on a Covered Person's effective date will not be considered as a Pre-Existing Condition.

Benefits for Pre-Existing Conditions may be limited. Please read the *Description of Medical Indemnity Benefits* section for any applicable limitations.]

You or your mean the Covered Employee.

ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS

Certificate Effective Date

We agree to provide Medical Indemnity Insurance Benefits described in this Certificate in consideration of your enrollment and payment of the contributions, if any, when due. Your coverage under this Certificate's begins on the date you are eligible.

Eligibility

An employee becomes eligible for insurance under the Policy on first of the month following the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*. Dependents of an Eligible Person become eligible for any dependent insurance provided by this Certificate on the later of first of the month following the date the employee becomes eligible and first of the month following the date the spouse or dependent child meets the applicable definition shown in the *Definitions* section of this Policy.

No person may be eligible for insurance under the Policy as both an Employee and a spouse or dependent child at the same time.

[If both spouses are eligible as employees, the dependent children, may be covered under only one employee, but not both of them.]

[If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have no dependent children;

1. both will be insured as Covered Employees when a Covered Employee is not required to contribute to the cost of his insurance; and
2. both may be insured as Covered Employees or one may elect to insure the other as an Eligible Dependent when a Covered Employee is required to contribute to the cost of his insurance.

If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have dependent children;

1. both [will] [may] be insured as Covered Employees and dependent coverage will be provided via only the parent whose birthday occurs first during a [Plan] year, when a Covered Employee is not required to contribute to the cost of his dependents' insurance; and
2. both may be insured as Covered Employees but only one may elect dependent coverage to insure dependent children, when a Covered Employee is required to contribute to the cost of his dependents' insurance.]

[A spouse that does not meet the definition of an Eligible Person or a dependent child may elect to be insured as an Eligible Dependent provided one spouse meets the definition of an Eligible Person as shown in the *Schedule of Benefits*.]

Insurance becomes effective for an eligible employee who enrolls and agrees to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the employee becomes eligible;
3. first of the month following the date we receive the employee's completed enrollment form and the required first contribution, if any, during his lifetime.

Insurance becomes effective for an employee's Eligible Dependent[s] if [he] [the employee] enroll[s] and agree[s] to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the employee becomes eligible;

[3.] [first of the month following the date the employee's insurance becomes effective][;]

[4.] first of the month following the date the dependent meets the definition of spouse or dependent child, as applicable;

[5.] first of the month following the date We receive a completed enrollment form for [such person's] [spouse and dependent child] coverage and the required first premium, during [such] [each] dependent's lifetime.

Insurance becomes effective for a newborn dependent child automatically from the moment of the child's live birth. Insurance for that dependent child automatically ends 31 days later unless [the Employee has a Spouse or] other Dependent Children [are] insured under this Policy or [makes] a request [is made] to cover the child and [pays] the required initial premium [is paid], during the child's lifetime.

Deferred Effective Date

The effective date of insurance will be deferred for any employee who is not in Active Service on first of the month following the date he would otherwise have become an Eligible Person. Coverage will become effective on the later of first of the month following the date he returns to Active Service and first of the month following the date coverage would otherwise have become effective.

Late Enrollee

An Eligible Person will be considered a late enrollee if he does not apply for coverage under this Certificate within 31 days of first of the month following the date he is first eligible.

[Coverage for any late enrollee will become effective on the first of the month following the date he completes a [90-day] late enrollee waiting period and submits the required premium.]

[If an Eligible Person does not apply for insurance under this Policy within 31 days of the date he is first eligible, he must provide satisfactory Evidence of Insurability to become insured. Coverage for any late enrollee will become effective on [the day following] [the first day of the month] [coinciding with or next following] the date we approve the Covered Person's Evidence of Insurability.]

Effective Date of Changes

Any increase or decrease in the amount of insurance for the Covered Person resulting from a change in benefits provided by this Policy or a change in the employee's Covered Class will take effect on first of the month following the date of such change. Increases will take effect subject to any Active Service requirement.

Termination of Insurance

Please read the *Continuation Provisions* section of this Certificate for information on continuation after eligibility for coverage would otherwise end.

The insurance on a Covered Person will end on the earliest date below:

1. first of the month following the date this Certificate or insurance for a Covered Class is terminated;
2. the next premium due date after first of the month following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Certificate;
3. [the next premium due date after first of the month following the date the Covered Person attains age 70;]
4. the last day of the last period for which contributions, if any, are paid;
5. the end of any period of continuation, as provided in the *Continuation Provisions*; and
6. with respect to an Eligible Dependent, first of the month following the date of the death of the Covered Employee or first of the month following the date of divorce from the Covered Employee.

Termination will not affect a claim for Covered Expenses Incurred while coverage was in effect.

Continuation Provisions

Continuation may be available after the termination of this insurance. Please contact your employer for details.

CLAIM PROVISIONS

Notice of Claim

Written or authorized electronic/telephonic notice of claim must be given to us within [31] days after a Covered Expense is Incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent]. Notice should include the Policyholder's name and policy number and the Covered Person's name, address, and Policy Number.

Claim Forms

We will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not sent within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Certificate for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

Proof of Loss

Written or authorized electronic proof of loss satisfactory to us must be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent] within 90 days of the loss for which claim is made. If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

Time of Payment of Claims

We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss.

Payment of Claims

All benefits will be paid in United States currency. All benefits payable under this Certificate, unless otherwise stated, will be payable to the Covered Person or to his estate.

[If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.]

Claim Administration

For plans subject to the Employee Retirement Income Security Act (ERISA), The plan administrator of the employer's employee welfare benefit plan (the plan) has selected us as the

plan fiduciary under federal law for the review of claims for benefits provided by this Certificate and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of plan documents, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no fiduciary responsibility with respect to the administration of the plan except as described above. It is understood that our sole liability to the plan and to participants and beneficiaries under the plan shall be for the payment of benefits provided under this Certificate.

We may contract with another entity to perform this function on our behalf.

Physical Examination and Autopsy

We, at our own expense, have the right and opportunity to examine the Covered Person when and as often as we may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions

No action at law or in equity may be brought to recover under this Certificate less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Certificate. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Certificate.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

GENERAL PROVISIONS

[10 Day Right To Examine Certificate

If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to Us within 10 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.]

Assignment

[The rights and benefits provided by this Certificate, except as provided herein, may not be assigned. The payee may, after a benefit or series of benefits has become payable, assign only those benefits. Such assignment will be valid only if we receive it before any of those benefits have been paid and only for benefits payable for claims arising from the same Covered Accident or Covered Sickness. Any other attempt to assign will be void.]

[The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the Policyholder).]

Incontestability

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Certificate are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

DESCRIPTION OF INDEMNITY MEDICAL BENEFITS

This Section describes the Medical Indemnity Benefits provided by this Certificate. Benefit amounts and any applicable benefit-specific maximums or limits are shown in the *Schedule of Benefits*. Please read these sections in order to understand all of the terms, conditions and limitations applicable to these benefits.

MEDICAL EXPENSE BENEFITS

We will pay the benefits amount shown in the *Schedule of Benefits* for Covered Expenses Incurred by a Covered Person, subject to all applicable conditions and exclusions, for Treatment of an injury sustained in a Covered Accident or for Treatment of a Covered Sickness. All benefit amounts and any applicable maximums are shown in the *Schedule of Benefits*, and, unless otherwise specified, are payable on a per Covered Person basis. For other than Surgery, the amount we will pay is limited to the dollar amount shown in the Schedule of Benefits for the Covered Expense, or the provider's billed charge, if less. The amount we will pay for any one Surgical Procedure is limited to the dollar amount shown in the *Schedule of Surgical Procedures*, or the surgeon's billed charge, if less.

Covered Expenses:

In-Patient Hospital Services

If a Covered Person while insured is confined in a hospital as a result of a Covered Accident or a Covered Sickness, we will pay a benefit for each day of Confinement, up to the Maximum Number of Days per [Plan] year, as shown in the *Schedule of Benefits*. No benefit will be paid for any day the Covered Person is not under the regular care and attendance of a Physician.

Benefits will be payable for a Covered Person while confined in an intensive care unit, coronary care unit, neonatal intensive care unit or pediatric intensive care unit up to the Maximum Number of Days per [Plan] year, as shown in the *Schedule of Benefits* for a Covered Accident or Covered Sickness. This benefit and the Daily In-Hospital Benefit together will be limited to the Maximum Number of Days as shown in the *Schedule of Benefits* for the Daily In-Hospital Benefit.

The Maximum Days shown in the *Schedule of Benefits* applies to the total of days of intensive, coronary, neonatal or pediatric intensive care and any other days of confinement per [Plan] year, including treatment of mental / nervous disorders or substance abuse treatment.

No benefit will be paid for any period the Covered Person is not confined to a Hospital as an inpatient during a Hospital Stay.

Outpatient Hospital Services

We will pay an Outpatient Hospital Services Benefit for each day, up to the maximum number of days, as shown in the *Schedule of Benefits*, for each day a Covered Person receives Treatment for an injury sustained in a Covered Accident, or for Treatment of a Covered Sickness, provided when he is an Outpatient.

Outpatient Diagnostic Testing Services

We will pay a benefit for Outpatient Diagnostic Testing Services when laboratory tests or x-rays are performed for the purpose of diagnosis of a Covered Accident or Covered Sickness as indicated by symptoms that would suggest an Injury or Sickness has occurred, while the Covered Person is not confined in a Hospital. This benefit is limited to once per Testing Day, not to exceed the Maximum Number of Testing Days per [Plan] Year shown in the *Schedule of Benefits*.

Emergency Room Treatment

We will pay a Hospital Emergency Room Benefit for Treatment provided in an outpatient emergency room of a Hospital or licensed facility, up to the maximum number of visits annually shown in the *Schedule of Benefits*.

Autism Spectrum Disorder -- If the optional "Mental/Nervous Disorder" benefit is chosen, then coverage must be provided for an eligible enrollee/dependent who is older than 2 years of age but less than six years of age who is diagnosed with autism spectrum disorder. Coverage will be provided for all generally recognized services prescribed in relation to autism spectrum disorder by the enrollee's primary care physician in the treatment plan recommended by that physician. Generally recognized services may include evaluation and assessment services, applied behavior analysis, behavior training and behavior management, speech therapy, occupational therapy, physical therapy, or medications or nutritional supplements used to address symptoms of autism spectrum disorder.

[Physician Services

Surgery – If a Covered Person undergoes a surgical procedure listed in the Schedule of Surgical Procedures as a result of a Covered Accident or Sickness, and surgery is performed in a Hospital while confined or on an outpatient basis, Ambulatory Surgical Center, or in the Physician's office, we will pay the benefit shown in the *Schedule of Surgical Procedures*.

A list of common procedures and the maximum amount for each is shown in the *Schedule of Surgical Procedures*.

If two or more procedures are performed through the same incision or operative site, the benefit

paid will be for only the procedure that has the larger benefit. If more than one procedure is performed, but each through a separate incision or in a separate operative field, the amount payable will be the specified amount for the primary procedure plus 50% of the amount payable for all other surgical procedures performed.

With respect to a surgical procedure not listed in the *Schedule of Surgical Procedures*, we will pay an indemnity benefit amount consistent with similar procedures that are listed in the *Schedule of Surgical Procedures*.

[Anesthesia – We will pay a percentage, as shown in the *Schedule of Benefits*, of the surgical benefit for anesthesia and its administration.]

[In-Patient Hospital Visits - We will pay for Inpatient Hospital visits, for a Covered Accident or Covered Sickness, up to the maximum number of visits shown in the *Schedule of Benefits*, for physician services rendered while confined in a Hospital.]

[Office Visits – We will pay the Physician Office Visit Benefit, shown in the *Schedule of Benefits*, for a Physician office visit as a result of a Covered Sickness or Covered Accident, for services rendered in the Hospital Emergency Room for a Covered Sickness and a wellness / physical visit up to the Maximum Number of Office Visits per [Plan] Year shown in the *Schedule of Benefits*].

[Out-Patient Prescription Drugs

We will pay a Benefit for drugs that (a) can only be obtained through a Physician's written prescription; and (b) are approved for such prescription use by the Food and Drug Administration (FDA).

The maximum number of prescriptions available per [Plan] year are shown in the *Schedule of Benefits*.

[Home Health Care

We will pay Covered Expenses Incurred for care and treatment rendered to a Covered Person by a Home Health Care Agency, for the maximum number of days shown in the *Schedule of Benefits* for:

1. part-time nursing care provided or supervised by a registered graduate nurse;
2. part-time Home Health Aide service which consists of caring for the patient;
3. physical, speech and occupational therapies when indicated in conjunction with the Covered Person' approved by His Physician;
4. nutritional counseling; and
5. medical social services by a qualified social worker licensed by the jurisdiction in which services are rendered.]

[Ambulance Services

Benefits are payable for professional transportation furnished by a duly licensed ambulance service to the nearest facility equipped to treat a Person's Covered Accident or Sickness. This does not include transportation solely to the Covered Person's personal Physician, or to secure treatment from a Physician, or a facility of greater renown.-

We will pay Covered Expenses Incurred for Ambulance Service up to the maximum number of

trips shown in the *Schedule of Benefits*.]

[Wellness Service Benefit

We will pay Covered Expenses Incurred for Wellness Services rendered to a Covered Person, up to the maximum number of services shown in the *Schedule of Benefits*. Wellness services are limited to the following services: PAP Smear, PSA or immunization.]

[Wellness Screening Test Benefit

We will pay Covered Expenses Incurred for care and treatment rendered to a Covered Person for wellness screening, up to the maximum number of [tests] [days] shown in the *Schedule of Benefits*. The wellness benefit is limited to the following services: Mammogram, Colonoscopy, Flexible Sigmoidoscope or Bone Density.]

[Limitation for Pre-Existing Conditions

[We will not pay any benefits for treatment of a Covered Person's Pre-Existing Condition until he has been insured under this Policy;

1. If he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. If he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.]

[Until a Covered Person has been insured under this Policy;

1. If he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. If he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.

Payment of any benefits for treatment of a Covered Person's Pre-Existing Condition is limited to [\$100 - \$3,000].]

[We will not pay any benefits for In-Patient Hospital Services, or Physicians Services for Surgery or Anesthesia until a Covered Person has been insured under this Policy;

1. If he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. If he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.]]

Excluded Expenses

The following will not be Covered Expenses under this Indemnity Medical Benefit unless specifically provided elsewhere in this Certificate:

1. treatment that is solely for the purpose of rest care or custodial care and any associated transportation;
2. cosmetic surgery or care, or treatment solely for cosmetic purposes, or complication thereof - this exclusion does not apply to:

- a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
 - b. reconstruction incidental to or following surgery resulting from a covered Accident or Sickness or from trauma, infection or other diseases of the involved part;
 - c. correction of a congenital defect or anomaly that results in a functional defect of a covered dependent child;
 - d. with respect to a mastectomy:
 - i. all stages of reconstruction of the breast on which the mastectomy has been performed;
 - ii. surgery and reconstruction of the other breast to produce a symmetrical appearance; and
 - iii. treatment of physical complications for all stages of the mastectomy, including lymphedema;
3. examinations needed for employment, obtaining insurance or travel;
 4. voluntary abortion, unless:
 - a. the life of the mother would be endangered if the fetus were carried to term; or
 - b. medical complications have arisen from an abortion;
 5. sex change procedures;
 6. reversal of sterilizations;
 7. diagnosis and treatment of infertility;
 8. treatment of exogenous obesity, gastric bypass surgery or weight control unless Medically Necessary;
 9. routine eye examinations or fitting of glasses or contact lenses;
 10. hearing examinations or fitting of hearing aids;
 11. dental examinations or dental care other than expenses resulting from a Covered Accident;
 12. smoking cessation;
 13. suicide or any attempt threat, while sane or insane, or any intentionally self-inflicted injury or Sickness, unless as a result of a medical condition or an act of domestic violence;
 14. participation in a riot, civil commotion, civil disobedience, insurrection or unlawful assembly, unless a loss that occurs while a Covered Person is acting in a lawful manner within the scope of authority;
 15. committing, attempting to commit, or taking part in a felony or assault;
 16. participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee jumping, mountain climbing, spelunking or hang gliding;
 17. air travel, except:
 - a. as a fare-paying passenger on a commercial airline on a regularly scheduled route
 - b. on a charter flight operated by a scheduled airline; or

- c. as a passenger for transportation only and not as a pilot or crew member;
- 18. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which a Covered Accident occurred;
- 19. any treatment for an accident or sickness resulting from the use of a controlled substance by a Covered Person that is not provided by or at the direction of a Physician;
- 20. an act of war, whether declared or undeclared, or while performing police duty as member of any military or naval organization. This exclusion includes a Covered Accident occurring or Sickness contracted while in the service of any military, naval or air force of any country engaged in war (the Company will refund the pro rata unearned premium for any such period the Covered Person is not covered);
- 21. an accident or sickness arising out of and in the course of any occupation for compensation, wage or profit or expenses which are payable under Workers' Compensation, Occupational Disease or similar law, whether or not application for such benefits has been made;
- 22. any treatment received or expenses incurred during a period of time that insurance for a Covered Person is not in force;
- 23. any treatment received or expenses incurred after this Policy has terminated;
- 24. any service, supply or treatment that is not provided by or at the direction of a Physician;
- 25. treatment of any accident or sickness outside the United States or Canada;
- 26. transportation except as provided for in Ambulance Services;
- 27. benefits for services or treatment rendered by any person who is:
 - a. employed or retained by the Policyholder;
 - b. living in the Covered Person's household;
 - c. a parent, sibling, spouse or child of a Covered Employee or of His spouse; or
 - d. a Covered Person treating himself; or
- [28. the treatment of:
 - a. mental illness;
 - b. functional or organic nervous disorder, regardless of cause;
 - c. alcohol abuse;
 - d. drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed.]

SCHEDULE OF SURGICAL PROCEDURES [- \$500 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$7
10061	I&D of Abscess, Complex	\$16
19000	Puncture Aspiration of cyst of Breast	\$8
19120	Removal of Breast Lesion	\$46
19180	Mastectomy, Simple	\$77

19240	Removal of Breast	\$115
20550	Injection; Single Tendon Sheath or Ligament	\$6
20600	Drain/Inject Joint/Bursa	\$6
20605	Drain/Inject Joint/Bursa	\$6
22554	Neck Spine Fusion	\$250
23500	Closed tx, clavicle fracture	\$19
25560	Closed tx, radius fracture	\$36
27230	Closed tx, femur fracture.	\$55
27816	Closed tx, ankle fracture	\$39
28415	Closed tx, humerus fracture	\$122
29580	Application of Paste Boot	\$5
35301	Re-channeling of Artery	\$183
36415	Drawing blood	\$1
36489	Insertion of Catheter, Vein	\$16
36533	Insertion of Access Port	\$59
38562	Removal, Pelvic Lymph Nodes	\$122
38770	Remove Pelvis Lymph Nodes	\$148
38780	Remove Abdomen Lymph Nodes	\$244
44005	Freeing of Bowel Adhesion	\$99
44140	Partial Removal of Colon	\$142
44950	Appendectomy	\$122
44970	Laparoscopy surgical appendectomy	\$122
45378	Diagnostic Colonoscopy	\$42
45560	Repair of Rectocele	\$47
46255	Hemorrhoidectomy, internal and external	\$56
47600	Cholecystectomy	\$130
49000	Exploration of Abdomen	\$87
49320	Laparoscopy, diagnostic	\$62
49505	Repair Inguinal Hernia	\$71
49560	Repair Abdominal Hernia	\$86
50590	Lithotripsy, extracorporeal shock wave	\$166
51840	Bladder repair/vesical neck	\$120
52612	TURP	\$120
55810	Prostatectomy, perineal radical	\$206
57240	Repair Bladder & Vagina	\$68
57280	Suspension of Vagina	\$106
57282	Repair of Vaginal Prolapse	\$106

58150	Total Hysterectomy	\$125
58260	Vaginal Hysterectomy	\$121
58400	Suspension of Uterus	\$82
58600	Division of fallopian tube	\$58
58700	Removal of fallopian tube	\$126
58720	Removal of ovary/tube(s)	\$89
58740	Revise Fallopian Tube(s)	\$93
58750	Repair Oviduct	\$152
58770	Create New Tubal Opening	\$133
58925	Removal of ovarian cyst(s)	\$68
58940	Removal of ovary(s)	\$68
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$95
59150	Treat Ectopic Pregnancy	\$95
59400	Obstetrical Care	\$124
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$65
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$122
59510	Cesarean delivery	\$153
59851	Abortion	\$72
61154	Pierce Skull, Remove Clot	\$197
61312	Open Skull for Drainage	\$250
62284	Injection for Myelogram	\$32
63030	Low Back Disk Surgery	\$224
63035	Added Spinal Disk Surgery	\$73
63047	Removal of Spinal Lamina	\$250
63048	Removal of Spinal Lamina	\$88
63075	Neck Spine Disk Surgery	\$231
64721	Carpal Tunnel Surgery	\$72
65855	Laser Surgery of Eye	\$69
66170	Glaucoma Surgery	\$93
66761	Revision of Iris	\$55
66984	Remove Cataract, Insert Lens	\$133
67210	Treatment of Retinal Lesion	\$71
67820	Revise Eyelashes	\$7
67840	Remove Eyelid Lesion	\$18
68761	Close Tear Duct Opening	\$11]

SCHEDULE OF SURGICAL PROCEDURES [- \$750 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$21
10061	I&D of Abscess, Complex	\$48
19000	Puncture Aspiration of cyst of Breast	\$24
19120	Removal of Breast Lesion	\$138
19180	Mastectomy, Simple	\$231
19240	Removal of Breast	\$345
20550	Injection; Single Tendon Sheath or Ligament	\$18
20600	Drain/Inject Joint/Bursa	\$18
20605	Drain/Inject Joint/Bursa	\$18
22554	Neck Spine Fusion	\$750
23500	Closed tx, clavicle fracture	\$57
25560	Closed tx, radius fracture	\$108
27230	Closed tx, femur fracture.	\$165
27816	Closed tx, ankle fracture	\$117
28415	Closed tx, humerus fracture	\$366
29580	Application of Paste Boot	\$15
35301	Re-channeling of Artery	\$549
36415	Drawing blood	\$3
36489	Insertion of Catheter, Vein	\$48
36533	Insertion of Access Port	\$177
38562	Removal, Pelvic Lymph Nodes	\$366
38770	Remove Pelvis Lymph Nodes	\$444
38780	Remove Abdomen Lymph Nodes	\$732
44005	Freeing of Bowel Adhesion	\$297
44140	Partial Removal of Colon	\$426
44950	Appendectomy	\$216
44970	Laparoscopy surgical appendectomy	\$216
45378	Diagnostic Colonoscopy	\$126
45560	Repair of Rectocele	\$141
46255	Hemorrhoidectomy, internal and external	\$168
47600	Cholecystectomy	\$390
49000	Exploration of Abdomen	\$261
49320	Laparoscopy, diagnostic	\$186
49505	Repair Inguinal Hernia	\$213

49560	Repair Abdominal Hernia	\$258
50590	Lithotripsy, extracorporeal shock wave	\$498
51840	Bladder repair/vesical neck	\$360
52612	TURP	\$330
55810	Prostatectomy, perineal radical	\$618
57240	Repair Bladder & Vagina	\$204
57280	Suspension of Vagina	\$318
57282	Repair of Vaginal Prolapse	\$318
58150	Total Hysterectomy	\$375
58260	Vaginal Hysterectomy	\$363
58400	Suspension of Uterus	\$246
58600	Division of fallopian tube	\$174
58700	Removal of fallopian tube	\$228
58720	Removal of ovary/tube(s)	\$267
58740	Revise Fallopian Tube(s)	\$279
58750	Repair Oviduct	\$456
58770	Create New Tubal Opening	\$399
58925	Removal of ovarian cyst(s)	\$204
58940	Removal of ovary(s)	\$204
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$285
59150	Treat Ectopic Pregnancy	\$285
59400	Obstetrical Care	\$372
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$195
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$216
59510	Cesarean delivery	\$459
59851	Abortion	\$216
61154	Pierce Skull, Remove Clot	\$591
61312	Open Skull for Drainage	\$750
62284	Injection for Myelogram	\$96
63030	Low Back Disk Surgery	\$672
63035	Added Spinal Disk Surgery	\$219
63047	Removal of Spinal Lamina	\$750
63048	Removal of Spinal Lamina	\$264
63075	Neck Spine Disk Surgery	\$693
64721	Carpal Tunnel Surgery	\$216
65855	Laser Surgery of Eye	\$207
66170	Glaucoma Surgery	\$279

66761	Revision of Iris	\$165
66984	Remove Cataract, Insert Lens	\$399
67210	Treatment of Retinal Lesion	\$213
67820	Revise Eyelashes	\$21
67840	Remove Eyelid Lesion	\$54
68761	Close Tear Duct Opening	\$33]

SCHEDULE OF SURGICAL PROCEDURES [- \$1000 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$28
10061	I&D of Abscess, Complex	\$64
19000	Puncture Aspiration of cyst of Breast	\$32
19120	Removal of Breast Lesion	\$184
19180	Mastectomy, Simple	\$308
19240	Removal of Breast	\$460
20550	Injection; Single Tendon Sheath or Ligament	\$24
20600	Drain/Inject Joint/Bursa	\$24
20605	Drain/Inject Joint/Bursa	\$24
22554	Neck Spine Fusion	\$1,000
23500	Closed tx, clavicle fracture	\$76
25560	Closed tx, radius fracture	\$144
27230	Closed tx, femur fracture.	\$220
27816	Closed tx, ankle fracture	\$156
28415	Closed tx, humerus fracture	\$488
29580	Application of Paste Boot	\$20
35301	Re-channeling of Artery	\$732
36415	Drawing blood	\$4
36489	Insertion of Catheter, Vein	\$64
36533	Insertion of Access Port	\$236
38562	Removal, Pelvic Lymph Nodes	\$488
38770	Remove Pelvis Lymph Nodes	\$592
38780	Remove Abdomen Lymph Nodes	\$976
44005	Freeing of Bowel Adhesion	\$396
44140	Partial Removal of Colon	\$568
44950	Appendectomy	\$288
44970	Laparoscopy surgical appendectomy	\$288
45378	Diagnostic Colonoscopy	\$168

45560	Repair of Rectocele	\$188
46255	Hemorrhoidectomy, internal and external	\$224
47600	Cholecystectomy	\$520
49000	Exploration of Abdomen	\$348
49320	Laparoscopy, diagnostic	\$248
49505	Repair Inguinal Hernia	\$284
49560	Repair Abdominal Hernia	\$344
50590	Lithotripsy, extracorporeal shock wave	\$664
51840	Bladder repair/vesical neck	\$480
52612	TURP	\$440
55810	Prostatectomy, perineal radical	\$824
57240	Repair Bladder & Vagina	\$272
57280	Suspension of Vagina	\$424
57282	Repair of Vaginal Prolapse	\$424
58150	Total Hysterectomy	\$500
58260	Vaginal Hysterectomy	\$484
58400	Suspension of Uterus	\$328
58600	Division of fallopian tube	\$232
58700	Removal of fallopian tube	\$304
58720	Removal of ovary/tube(s)	\$356
58740	Revise Fallopian Tube(s)	\$372
58750	Repair Oviduct	\$608
58770	Create New Tubal Opening	\$532
58925	Removal of ovarian cyst(s)	\$272
58940	Removal of ovary(s)	\$272
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$380
59150	Treat Ectopic Pregnancy	\$380
59400	Obstetrical Care	\$496
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$260
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$288
59510	Cesarean delivery	\$612
59851	Abortion	\$288
61154	Pierce Skull, Remove Clot	\$788
61312	Open Skull for Drainage	\$1,000
62284	Injection for Myelogram	\$128
63030	Low Back Disk Surgery	\$896
63035	Added Spinal Disk Surgery	\$292

63047	Removal of Spinal Lamina	\$1,000
63048	Removal of Spinal Lamina	\$352
63075	Neck Spine Disk Surgery	\$924
64721	Carpal Tunnel Surgery	\$288
65855	Laser Surgery of Eye	\$276
66170	Glaucoma Surgery	\$372
66761	Revision of Iris	\$220
66984	Remove Cataract, Insert Lens	\$532
67210	Treatment of Retinal Lesion	\$284
67820	Revise Eyelashes	\$28
67840	Remove Eyelid Lesion	\$72
68761	Close Tear Duct Opening	\$44]

SCHEDULE OF SURGICAL PROCEDURES [- \$1500 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$42
10061	I&D of Abscess, Complex	\$96
19000	Puncture Aspiration of cyst of Breast	\$48
19120	Removal of Breast Lesion	\$276
19180	Mastectomy, Simple	\$462
19240	Removal of Breast	\$690
20550	Injection; Single Tendon Sheath or Ligament	\$36
20600	Drain/Inject Joint/Bursa	\$36
20605	Drain/Inject Joint/Bursa	\$36
22554	Neck Spine Fusion	\$1,500
23500	Closed tx, clavicle fracture	\$114
25560	Closed tx, radius fracture	\$216
27230	Closed tx, femur fracture.	\$330
27816	Closed tx, ankle fracture	\$234
28415	Closed tx, humerus fracture	\$732
29580	Application of Paste Boot	\$30
35301	Re-channeling of Artery	\$1,098
36415	Drawing blood	\$6
36489	Insertion of Catheter, Vein	\$96
36533	Insertion of Access Port	\$354
38562	Removal, Pelvic Lymph Nodes	\$732
38770	Remove Pelvis Lymph Nodes	\$888

38780	Remove Abdomen Lymph Nodes	\$1,464
44005	Freeing of Bowel Adhesion	\$594
44140	Partial Removal of Colon	\$852
44950	Appendectomy	\$432
44970	Laparoscopy surgical appendectomy	\$432
45378	Diagnostic Colonoscopy	\$252
45560	Repair of Rectocele	\$282
46255	Hemorrhoidectomy, internal and external	\$336
47600	Cholecystectomy	\$780
49000	Exploration of Abdomen	\$522
49320	Laparoscopy, diagnostic	\$372
49505	Repair Inguinal Hernia	\$426
49560	Repair Abdominal Hernia	\$516
50590	Lithotripsy, extracorporeal shock wave	\$996
51840	Bladder repair/vesical neck	\$720
52612	TURP	\$660
55810	Prostatectomy, perineal radical	\$1,236
57240	Repair Bladder & Vagina	\$408
57280	Suspension of Vagina	\$636
57282	Repair of Vaginal Prolapse	\$636
58150	Total Hysterectomy	\$750
58260	Vaginal Hysterectomy	\$726
58400	Suspension of Uterus	\$492
58600	Division of fallopian tube	\$348
58700	Removal of fallopian tube	\$456
58720	Removal of ovary/tube(s)	\$534
58740	Revise Fallopian Tube(s)	\$558
58750	Repair Oviduct	\$912
58770	Create New Tubal Opening	\$798
58925	Removal of ovarian cyst(s)	\$408
58940	Removal of ovary(s)	\$408
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$570
59150	Treat Ectopic Pregnancy	\$570
59400	Obstetrical Care	\$744
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$390
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$432
59510	Cesarean delivery	\$918

59851	Abortion	\$432
61154	Pierce Skull, Remove Clot	\$1,182
61312	Open Skull for Drainage	\$1,500
62284	Injection for Myelogram	\$192
63030	Low Back Disk Surgery	\$1,344
63035	Added Spinal Disk Surgery	\$438
63047	Removal of Spinal Lamina	\$1,500
63048	Removal of Spinal Lamina	\$528
63075	Neck Spine Disk Surgery	\$1,386
64721	Carpal Tunnel Surgery	\$432
65855	Laser Surgery of Eye	\$414
66170	Glaucoma Surgery	\$558
66761	Revision of Iris	\$330
66984	Remove Cataract, Insert Lens	\$798
67210	Treatment of Retinal Lesion	\$426
67820	Revise Eyelashes	\$42
67840	Remove Eyelid Lesion	\$108
68761	Close Tear Duct Opening	\$66]

SCHEDULE OF SURGICAL PROCEDURES [- \$2000 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$56
10061	I&D of Abscess, Complex	\$128
19000	Puncture Aspiration of cyst of Breast	\$64
19120	Removal of Breast Lesion	\$368
19180	Mastectomy, Simple	\$616
19240	Removal of Breast	\$920
20550	Injection; Single Tendon Sheath or Ligament	\$48
20600	Drain/Inject Joint/Bursa	\$48
20605	Drain/Inject Joint/Bursa	\$48
22554	Neck Spine Fusion	\$2,000
23500	Closed tx, clavicle fracture	\$152
25560	Closed tx, radius fracture	\$288
27230	Closed tx, femur fracture.	\$440
27816	Closed tx, ankle fracture	\$312
28415	Closed tx, humerus fracture	\$976
29580	Application of Paste Boot	\$40

35301	Re-channeling of Artery	\$1,464
36415	Drawing blood	\$8
36489	Insertion of Catheter, Vein	\$128
36533	Insertion of Access Port	\$472
38562	Removal, Pelvic Lymph Nodes	\$976
38770	Remove Pelvis Lymph Nodes	\$1,184
38780	Remove Abdomen Lymph Nodes	\$1,952
44005	Freeing of Bowel Adhesion	\$792
44140	Partial Removal of Colon	\$1,136
44950	Appendectomy	\$576
44970	Laparoscopy surgical appendectomy	\$576
45378	Diagnostic Colonoscopy	\$336
45560	Repair of Rectocele	\$376
46255	Hemorrhoidectomy, internal and external	\$448
47600	Cholecystectomy	\$1,040
49000	Exploration of Abdomen	\$696
49320	Laparoscopy, diagnostic	\$496
49505	Repair Inguinal Hernia	\$568
49560	Repair Abdominal Hernia	\$688
50590	Lithotripsy, extracorporeal shock wave	\$1,328
51840	Bladder repair/vesical neck	\$960
52612	TURP	\$880
55810	Prostatectomy, perineal radical	\$1,648
57240	Repair Bladder & Vagina	\$544
57280	Suspension of Vagina	\$848
57282	Repair of Vaginal Prolapse	\$848
58150	Total Hysterectomy	\$1,000
58260	Vaginal Hysterectomy	\$968
58400	Suspension of Uterus	\$656
58600	Division of fallopian tube	\$464
58700	Removal of fallopian tube	\$608
58720	Removal of ovary/tube(s)	\$712
58740	Revise Fallopian Tube(s)	\$744
58750	Repair Oviduct	\$1,216
58770	Create New Tubal Opening	\$1,064
58925	Removal of ovarian cyst(s)	\$544
58940	Removal of ovary(s)	\$544

59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$760
59150	Treat Ectopic Pregnancy	\$760
59400	Obstetrical Care	\$992
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$520
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$576
59510	Cesarean delivery	\$1,224
59851	Abortion	\$576
61154	Pierce Skull, Remove Clot	\$1,576
61312	Open Skull for Drainage	\$2,000
62284	Injection for Myelogram	\$256
63030	Low Back Disk Surgery	\$1,792
63035	Added Spinal Disk Surgery	\$584
63047	Removal of Spinal Lamina	\$2,000
63048	Removal of Spinal Lamina	\$704
63075	Neck Spine Disk Surgery	\$1,848
64721	Carpal Tunnel Surgery	\$576
65855	Laser Surgery of Eye	\$552
66170	Glaucoma Surgery	\$744
66761	Revision of Iris	\$440
66984	Remove Cataract, Insert Lens	\$1,064
67210	Treatment of Retinal Lesion	\$568
67820	Revise Eyelashes	\$56
67840	Remove Eyelid Lesion	\$144
68761	Close Tear Duct Opening	\$88]

SCHEDULE OF SURGICAL PROCEDURES [- \$2500 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$70
10061	I&D of Abscess, Complex	\$160
19000	Puncture Aspiration of cyst of Breast	\$80
19120	Removal of Breast Lesion	\$460
19180	Mastectomy, Simple	\$770
19240	Removal of Breast	\$1,150
20550	Injection; Single Tendon Sheath or Ligament	\$60
20600	Drain/Inject Joint/Bursa	\$60
20605	Drain/Inject Joint/Bursa	\$60

22554	Neck Spine Fusion	\$2,500
23500	Closed tx, clavicle fracture	\$190
25560	Closed tx, radius fracture	\$360
27230	Closed tx, femur fracture.	\$550
27816	Closed tx, ankle fracture	\$390
28415	Closed tx, humerus fracture	\$1,220
29580	Application of Paste Boot	\$50
35301	Re-channeling of Artery	\$1,830
36415	Drawing blood	\$10
36489	Insertion of Catheter, Vein	\$160
36533	Insertion of Access Port	\$590
38562	Removal, Pelvic Lymph Nodes	\$1,220
38770	Remove Pelvis Lymph Nodes	\$1,480
38780	Remove Abdomen Lymph Nodes	\$2,440
44005	Freeing of Bowel Adhesion	\$990
44140	Partial Removal of Colon	\$1,420
44950	Appendectomy	\$720
44970	Laparoscopy surgical appendectomy	\$720
45378	Diagnostic Colonoscopy	\$420
45560	Repair of Rectocele	\$470
46255	Hemorrhoidectomy, internal and external	\$560
47600	Cholecystectomy	\$1,300
49000	Exploration of Abdomen	\$870
49320	Laparoscopy, diagnostic	\$620
49505	Repair Inguinal Hernia	\$710
49560	Repair Abdominal Hernia	\$860
50590	Lithotripsy, extracorporeal shock wave	\$1,660
51840	Bladder repair/vesical neck	\$1,200
52612	TURP	\$1,100
55810	Prostatectomy, perineal radical	\$2,060
57240	Repair Bladder & Vagina	\$680
57280	Suspension of Vagina	\$1,060
57282	Repair of Vaginal Prolapse	\$1,060
58150	Total Hysterectomy	\$1,250
58260	Vaginal Hysterectomy	\$1,210
58400	Suspension of Uterus	\$820
58600	Division of fallopian tube	\$580

58700	Removal of fallopian tube	\$760
58720	Removal of ovary/tube(s)	\$890
58740	Revise Fallopian Tube(s)	\$930
58750	Repair Oviduct	\$1,520
58770	Create New Tubal Opening	\$1,330
58925	Removal of ovarian cyst(s)	\$680
58940	Removal of ovary(s)	\$680
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$950
59150	Treat Ectopic Pregnancy	\$950
59400	Obstetrical Care	\$1,240
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$650
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$720
59510	Cesarean delivery	\$1,530
59851	Abortion	\$720
61154	Pierce Skull, Remove Clot	\$1,970
61312	Open Skull for Drainage	\$2,500
62284	Injection for Myelogram	\$320
63030	Low Back Disk Surgery	\$2,240
63035	Added Spinal Disk Surgery	\$730
63047	Removal of Spinal Lamina	\$2,500
63048	Removal of Spinal Lamina	\$880
63075	Neck Spine Disk Surgery	\$2,310
64721	Carpal Tunnel Surgery	\$720
65855	Laser Surgery of Eye	\$690
66170	Glaucoma Surgery	\$930
66761	Revision of Iris	\$550
66984	Remove Cataract, Insert Lens	\$1,330
67210	Treatment of Retinal Lesion	\$710
67820	Revise Eyelashes	\$70
67840	Remove Eyelid Lesion	\$180
68761	Close Tear Duct Opening	\$110]

SCHEDULE OF SURGICAL PROCEDURES [- \$3000 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$84
10061	I&D of Abscess, Complex	\$192

19000	Puncture Aspiration of cyst of Breast	\$96
19120	Removal of Breast Lesion	\$552
19180	Mastectomy, Simple	\$924
19240	Removal of Breast	\$1,380
20550	Injection; Single Tendon Sheath or Ligament	\$72
20600	Drain/Inject Joint/Bursa	\$72
20605	Drain/Inject Joint/Bursa	\$72
22554	Neck Spine Fusion	\$3,000
23500	Closed tx, clavicle fracture	\$228
25560	Closed tx, radius fracture	\$432
27230	Closed tx, femur fracture.	\$660
27816	Closed tx, ankle fracture	\$468
28415	Closed tx, humerus fracture	\$1,464
29580	Application of Paste Boot	\$60
35301	Re-channeling of Artery	\$2,196
36415	Drawing blood	\$12
36489	Insertion of Catheter, Vein	\$192
36533	Insertion of Access Port	\$708
38562	Removal, Pelvic Lymph Nodes	\$1,464
38770	Remove Pelvis Lymph Nodes	\$1,776
38780	Remove Abdomen Lymph Nodes	\$2,928
44005	Freeing of Bowel Adhesion	\$1,188
44140	Partial Removal of Colon	\$1,704
44950	Appendectomy	\$864
44970	Laparoscopy surgical appendectomy	\$864
45378	Diagnostic Colonoscopy	\$504
45560	Repair of Rectocele	\$564
46255	Hemorrhoidectomy, internal and external	\$672
47600	Cholecystectomy	\$1,560
49000	Exploration of Abdomen	\$1,044
49320	Laparoscopy, diagnostic	\$744
49505	Repair Inguinal Hernia	\$852
49560	Repair Abdominal Hernia	\$1,032
50590	Lithotripsy, extracorporeal shock wave	\$1,992
51840	Bladder repair/vesical neck	\$1,440
52612	TURP	\$1,320
55810	Prostatectomy, perineal radical	\$2,472

57240	Repair Bladder & Vagina	\$816
57280	Suspension of Vagina	\$1,272
57282	Repair of Vaginal Prolapse	\$1,272
58150	Total Hysterectomy	\$1,500
58260	Vaginal Hysterectomy	\$1,452
58400	Suspension of Uterus	\$984
58600	Division of fallopian tube	\$696
58700	Removal of fallopian tube	\$912
58720	Removal of ovary/tube(s)	\$1,068
58740	Revise Fallopian Tube(s)	\$1,116
58750	Repair Oviduct	\$1,824
58770	Create New Tubal Opening	\$1,596
58925	Removal of ovarian cyst(s)	\$816
58940	Removal of ovary(s)	\$816
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,140
59150	Treat Ectopic Pregnancy	\$1,140
59400	Obstetrical Care	\$1,488
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$780
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$864
59510	Cesarean delivery	\$1,836
59851	Abortion	\$864
61154	Pierce Skull, Remove Clot	\$2,364
61312	Open Skull for Drainage	\$3,000
62284	Injection for Myelogram	\$384
63030	Low Back Disk Surgery	\$2,688
63035	Added Spinal Disk Surgery	\$876
63047	Removal of Spinal Lamina	\$3,000
63048	Removal of Spinal Lamina	\$1,056
63075	Neck Spine Disk Surgery	\$2,772
64721	Carpal Tunnel Surgery	\$864
65855	Laser Surgery of Eye	\$828
66170	Glaucoma Surgery	\$1,116
66761	Revision of Iris	\$660
66984	Remove Cataract, Insert Lens	\$1,596
67210	Treatment of Retinal Lesion	\$852
67820	Revise Eyelashes	\$84
67840	Remove Eyelid Lesion	\$216

68761 Close Tear Duct Opening \$132]

SCHEDULE OF SURGICAL PROCEDURES [- \$3500 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$98
10061	I&D of Abscess, Complex	\$224
19000	Puncture Aspiration of cyst of Breast	\$112
19120	Removal of Breast Lesion	\$644
19180	Mastectomy, Simple	\$1,078
19240	Removal of Breast	\$1,610
20550	Injection; Single Tendon Sheath or Ligament	\$84
20600	Drain/Inject Joint/Bursa	\$84
20605	Drain/Inject Joint/Bursa	\$84
22554	Neck Spine Fusion	\$3,500
23500	Closed tx, clavicle fracture	\$266
25560	Closed tx, radius fracture	\$504
27230	Closed tx, femur fracture.	\$770
27816	Closed tx, ankle fracture	\$546
28415	Closed tx, humerus fracture	\$1,708
29580	Application of Paste Boot	\$70
35301	Re-channeling of Artery	\$2,562
36415	Drawing blood	\$14
36489	Insertion of Catheter, Vein	\$224
36533	Insertion of Access Port	\$826
38562	Removal, Pelvic Lymph Nodes	\$1,708
38770	Remove Pelvis Lymph Nodes	\$2,072
38780	Remove Abdomen Lymph Nodes	\$3,416
44005	Freeing of Bowel Adhesion	\$1,386
44140	Partial Removal of Colon	\$1,988
44950	Appendectomy	\$1,008
44970	Laparoscopy surgical appendectomy	\$1,008
45378	Diagnostic Colonoscopy	\$588
45560	Repair of Rectocele	\$658
46255	Hemorrhoidectomy, internal and external	\$784
47600	Cholecystectomy	\$1,820
49000	Exploration of Abdomen	\$1,218
49320	Laparoscopy, diagnostic	\$868

49505	Repair Inguinal Hernia	\$994
49560	Repair Abdominal Hernia	\$1,204
50590	Lithotripsy, extracorporeal shock wave	\$2,324
51840	Bladder repair/vesical neck	\$1,680
52612	TURP	\$1,540
55810	Prostatectomy, perineal radical	\$2,884
57240	Repair Bladder & Vagina	\$952
57280	Suspension of Vagina	\$1,484
57282	Repair of Vaginal Prolapse	\$1,484
58150	Total Hysterectomy	\$1,750
58260	Vaginal Hysterectomy	\$1,694
58400	Suspension of Uterus	\$1,148
58600	Division of fallopian tube	\$812
58700	Removal of fallopian tube	\$1,064
58720	Removal of ovary/tube(s)	\$1,246
58740	Revise Fallopian Tube(s)	\$1,302
58750	Repair Oviduct	\$2,128
58770	Create New Tubal Opening	\$1,862
58925	Removal of ovarian cyst(s)	\$952
58940	Removal of ovary(s)	\$952
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,330
59150	Treat Ectopic Pregnancy	\$1,330
59400	Obstetrical Care	\$1,736
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$910
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$1,008
59510	Cesarean delivery	\$2,142
59851	Abortion	\$1,008
61154	Pierce Skull, Remove Clot	\$2,758
61312	Open Skull for Drainage	\$3,500
62284	Injection for Myelogram	\$448
63030	Low Back Disk Surgery	\$3,136
63035	Added Spinal Disk Surgery	\$1,022
63047	Removal of Spinal Lamina	\$3,500
63048	Removal of Spinal Lamina	\$1,232
63075	Neck Spine Disk Surgery	\$3,234
64721	Carpal Tunnel Surgery	\$1,008
65855	Laser Surgery of Eye	\$966

66170	Glaucoma Surgery	\$1,302
66761	Revision of Iris	\$770
66984	Remove Cataract, Insert Lens	\$1,862
67210	Treatment of Retinal Lesion	\$994
67820	Revise Eyelashes	\$98
67840	Remove Eyelid Lesion	\$252
68761	Close Tear Duct Opening	\$154]

SCHEDULE OF SURGICAL PROCEDURES [- \$4000 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$112
10061	I&D of Abscess, Complex	\$256
19000	Puncture Aspiration of cyst of Breast	\$128
19120	Removal of Breast Lesion	\$736
19180	Mastectomy, Simple	\$1,232
19240	Removal of Breast	\$1,840
20550	Injection; Single Tendon Sheath or Ligament	\$96
20600	Drain/Inject Joint/Bursa	\$96
20605	Drain/Inject Joint/Bursa	\$96
22554	Neck Spine Fusion	\$4,000
23500	Closed tx, clavicle fracture	\$304
25560	Closed tx, radius fracture	\$576
27230	Closed tx, femur fracture.	\$880
27816	Closed tx, ankle fracture	\$624
28415	Closed tx, humerus fracture	\$1,952
29580	Application of Paste Boot	\$80
35301	Re-channeling of Artery	\$2,928
36415	Drawing blood	\$16
36489	Insertion of Catheter, Vein	\$256
36533	Insertion of Access Port	\$944
38562	Removal, Pelvic Lymph Nodes	\$1,952
38770	Remove Pelvis Lymph Nodes	\$2,368
38780	Remove Abdomen Lymph Nodes	\$3,904
44005	Freeing of Bowel Adhesion	\$1,584
44140	Partial Removal of Colon	\$2,272
44950	Appendectomy	\$1,152
44970	Laparoscopy surgical appendectomy	\$1,152

45378	Diagnostic Colonoscopy	\$672
45560	Repair of Rectocele	\$752
46255	Hemorrhoidectomy, internal and external	\$896
47600	Cholecystectomy	\$2,080
49000	Exploration of Abdomen	\$1,392
49320	Laparoscopy, diagnostic	\$992
49505	Repair Inguinal Hernia	\$1,136
49560	Repair Abdominal Hernia	\$1,376
50590	Lithotripsy, extracorporeal shock wave	\$2,656
51840	Bladder repair/vesical neck	\$1,920
52612	TURP	\$1,760
55810	Prostatectomy, perineal radical	\$3,296
57240	Repair Bladder & Vagina	\$1,088
57280	Suspension of Vagina	\$1,696
57282	Repair of Vaginal Prolapse	\$1,696
58150	Total Hysterectomy	\$2,000
58260	Vaginal Hysterectomy	\$1,936
58400	Suspension of Uterus	\$1,312
58600	Division of fallopian tube	\$928
58700	Removal of fallopian tube	\$1,216
58720	Removal of ovary/tube(s)	\$1,424
58740	Revise Fallopian Tube(s)	\$1,488
58750	Repair Oviduct	\$2,432
58770	Create New Tubal Opening	\$2,128
58925	Removal of ovarian cyst(s)	\$1,088
58940	Removal of ovary(s)	\$1,088
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,520
59150	Treat Ectopic Pregnancy	\$1,520
59400	Obstetrical Care	\$1,984
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$1,040
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$1,152
59510	Cesarean delivery	\$2,448
59851	Abortion	\$1,152
61154	Pierce Skull, Remove Clot	\$3,152
61312	Open Skull for Drainage	\$4,000
62284	Injection for Myelogram	\$512
63030	Low Back Disk Surgery	\$3,584

63035	Added Spinal Disk Surgery	\$1,168
63047	Removal of Spinal Lamina	\$4,000
63048	Removal of Spinal Lamina	\$1,408
63075	Neck Spine Disk Surgery	\$3,696
64721	Carpal Tunnel Surgery	\$1,152
65855	Laser Surgery of Eye	\$1,104
66170	Glaucoma Surgery	\$1,488
66761	Revision of Iris	\$880
66984	Remove Cataract, Insert Lens	\$2,128
67210	Treatment of Retinal Lesion	\$1,136
67820	Revise Eyelashes	\$112
67840	Remove Eyelid Lesion	\$288
68761	Close Tear Duct Opening	\$176]

SCHEDULE OF SURGICAL PROCEDURES [- \$5000 Maximum]

CPT-4 Codes	Description	Amount
[10060	I&D of Abscess, Simple	\$140
10061	I&D of Abscess, Complex	\$320
19000	Puncture Aspiration of cyst of Breast	\$160
19120	Removal of Breast Lesion	\$920
19180	Mastectomy, Simple	\$1,540
19240	Removal of Breast	\$2,300
20550	Injection; Single Tendon Sheath or Ligament	\$120
20600	Drain/Inject Joint/Bursa	\$120
20605	Drain/Inject Joint/Bursa	\$120
22554	Neck Spine Fusion	\$5,000
23500	Closed tx, clavicle fracture	\$380
25560	Closed tx, radius fracture	\$720
27230	Closed tx, femur fracture.	\$1,100
27816	Closed tx, ankle fracture	\$780
28415	Closed tx, humerus fracture	\$2,440
29580	Application of Paste Boot	\$100
35301	Re-channeling of Artery	\$3,660
36415	Drawing blood	\$20
36489	Insertion of Catheter, Vein	\$320
36533	Insertion of Access Port	\$1,180
38562	Removal, Pelvic Lymph Nodes	\$2,440

38770	Remove Pelvis Lymph Nodes	\$2,960
38780	Remove Abdomen Lymph Nodes	\$4,880
44005	Freeing of Bowel Adhesion	\$1,980
44140	Partial Removal of Colon	\$2,840
44950	Appendectomy	\$1,440
44970	Laparoscopy surgical appendectomy	\$1,440
45378	Diagnostic Colonoscopy	\$840
45560	Repair of Rectocele	\$940
46255	Hemorrhoidectomy, internal and external	\$1,120
47600	Cholecystectomy	\$2,600
49000	Exploration of Abdomen	\$1,740
49320	Laparoscopy, diagnostic	\$1,240
49505	Repair Inguinal Hernia	\$1,420
49560	Repair Abdominal Hernia	\$1,720
50590	Lithotripsy, extracorporeal shock wave	\$3,320
51840	Bladder repair/vesical neck	\$2,400
52612	TURP	\$2,200
55810	Prostatectomy, perineal radical	\$4,120
57240	Repair Bladder & Vagina	\$1,360
57280	Suspension of Vagina	\$2,120
57282	Repair of Vaginal Prolapse	\$2,120
58150	Total Hysterectomy	\$2,500
58260	Vaginal Hysterectomy	\$2,420
58400	Suspension of Uterus	\$1,640
58600	Division of fallopian tube	\$1,160
58700	Removal of fallopian tube	\$1,520
58720	Removal of ovary/tube(s)	\$1,780
58740	Revise Fallopian Tube(s)	\$1,860
58750	Repair Oviduct	\$3,040
58770	Create New Tubal Opening	\$2,660
58925	Removal of ovarian cyst(s)	\$1,360
58940	Removal of ovary(s)	\$1,360
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,900
59150	Treat Ectopic Pregnancy	\$1,900
59400	Obstetrical Care	\$2,480
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$1,300
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$1,440

59510	Cesarean delivery	\$3,060
59851	Abortion	\$1,440
61154	Pierce Skull, Remove Clot	\$3,940
61312	Open Skull for Drainage	\$5,000
62284	Injection for Myelogram	\$640
63030	Low Back Disk Surgery	\$4,480
63035	Added Spinal Disk Surgery	\$1,460
63047	Removal of Spinal Lamina	\$5,000
63048	Removal of Spinal Lamina	\$1,760
63075	Neck Spine Disk Surgery	\$4,620
64721	Carpal Tunnel Surgery	\$1,440
65855	Laser Surgery of Eye	\$1,380
66170	Glaucoma Surgery	\$1,860
66761	Revision of Iris	\$1,100
66984	Remove Cataract, Insert Lens	\$2,660
67210	Treatment of Retinal Lesion	\$1,420
67820	Revise Eyelashes	\$140
67840	Remove Eyelid Lesion	\$360
68761	Close Tear Duct Opening	\$220]

SCHEDULE OF SURGICAL PROCEDURES [- \$5, 250 Maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$147
10061	I&D of Abscess, Complex	\$336
19000	Puncture Aspiration of cyst of Breast	\$168
19120	Removal of Breast Lesion	\$966
19180	Mastectomy, Simple	\$1,617
19240	Removal of Breast	\$2,415
20550	In Tendon/Ligament/cyst	\$126
20600	Drain/Inject Joint/Bursa	\$126
20605	Drain/Inject Joint/Bursa	\$126
22554	Neck Spine Fusion	\$5,250
23500	Closed tx, clavicle fracture	\$399
25560	Closed tx, radius fracture	\$756
27230	Closed tx, femur fracture.	\$1,155
27816	Closed tx, ankle fracture	\$819
28415	Closed tx, humerus fracture	\$2,562

29580	Application of Paste Boot	\$105
35301	Rechannelling of Artery	\$3,843
36415	Drawing blood	\$21
36489	Insertion of Catheter, Vein	\$336
36533	Insertion of Access Port	\$1,239
38562	Removal, Pelvic Lymph Nodes	\$2,562
38770	Remove Pelvis Lymph Nodes	\$3,108
38780	Remove Abdomen Lymph Nodes	\$5,124
44005	Freeing of Bowel Adhesion	\$2,079
44140	Partial Removal of Colon	\$2,982
44950	Appendectomy	\$1,512
44970	Laparoscopy surgical appendectomy	\$1,512
45378	Diagnostic Colonoscopy	\$882
45560	Repair of Rectocele	\$987
46255	Hemorrhoidectomy, internal and external	\$1,176
47600	Cholecystectomy	\$2,730
49000	Exploration of Abdomen	\$1,827
49320	Laparoscopy, diagnostic	\$1,302
49505	Repair Inguinal Hernia	\$1,491
49560	Repair Abdominal Hernia	\$1,806
50590	Lithotripsy, extracorporeal shock wave	\$3,486
51840	Bladder repair/vesical neck	\$2,520
52612	TURP	\$2,310
55810	Prostatectomy, perineal radical	\$4,326
57240	Repair Bladder & Vagina	\$1,428
57280	Suspension of Vagina	\$2,226
57282	Repair of Vaginal Prolapse	\$2,226
58150	Total Hysterectomy	\$2,625
58260	Vaginal Hysterectomy	\$2,541
58400	Suspension of Uterus	\$1,722
58600	Division of fallopian tube	\$1,218
58700	Removal of fallopian tube	\$1,596
58720	Removal of ovary/tube(s)	\$1,869
58740	Revise Fallopian Tube(s)	\$1,953
58750	Repair Oviduct	\$3,192
58770	Create New Tubal Opening	\$2,793
58925	Removal of ovarian cyst(s)	\$1,428

58940	Removal of ovary(s)	\$1,428
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,995
59150	Treat Ectopic Pregnancy	\$1,995
59400	Obstetrical Care	\$2,604
59409	Obstetrical Care	\$1,365
59410	Obstetrical Care	\$1,512
59510	Cesarean delivery	\$3,213
59851	Abortion	\$1,512
61154	Pierce Skull, Remove Clot	\$4,137
61312	Open Skull for Drainage	\$5,250
62284	Injection for Myelogram	\$672
63030	Low Back Disk Surgery	\$4,704
63035	Added Spinal Disk Surgery	\$1,533
63047	Removal of Spinal Lamina	\$5,250
63048	Removal of Spinal Lamina	\$1,848
63075	Neck Spine Disk Surgery	\$4,851
64721	Carpal Tunnel Surgery	\$1,512
65855	Laser Surgery of Eye	\$1,449
66170	Glaucoma Surgery	\$1,953
66761	Revision of Iris	\$1,155
66821	After Cataract Laser Surgery	\$1,071
66984	Remove Cataract, Insert Lens	\$2,793
67210	Treatment of Retinal Lesion	\$1,491
67228	Treatment of Retinal Lesion	\$1,596
67820	Revise Eyelashes	\$147
67840	Remove Eyelid Lesion	\$378
68761	Close Tear Duct Opening	\$231]

[SCHEDULE OF SURGICAL PROCEDURES [- \$5,500 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$154
10061	I&D of Abscess, Complex	\$352
19000	Puncture Aspiration of cyst of Breast	\$176
19120	Removal of Breast Lesion	\$1,012
19180	Mastectomy, Simple	\$1,694
19240	Removal of Breast	\$2,530
20550	In Tendon/Ligament/cyst	\$132
20600	Drain/Inject Joint/Bursa	\$132

20605	Drain/Inject Joint/Bursa	\$132
22554	Neck Spine Fusion	\$5,500
23500	Closed tx, clavicle fracture	\$418
25560	Closed tx, radius fracture	\$792
27230	Closed tx, femur fracture.	\$1,210
27816	Closed tx, ankle fracture	\$858
28415	Closed tx, humerus fracture	\$2,684
29580	Application of Paste Boot	\$110
35301	Rechanneling of Artery	\$4,026
36415	Drawing blood	\$22
36489	Insertion of Catheter, Vein	\$352
36533	Insertion of Access Port	\$1,298
38562	Removal, Pelvic Lymph Nodes	\$2,684
38770	Remove Pelvis Lymph Nodes	\$3,256
38780	Remove Abdomen Lymph Nodes	\$5,368
44005	Freeing of Bowel Adhesion	\$2,178
44140	Partial Removal of Colon	\$3,124
44950	Appendectomy	\$1,584
44970	Laparoscopy surgical appendectomy	\$1,584
45378	Diagnostic Colonoscopy	\$924
45560	Repair of Rectocele	\$1,034
46255	Hemorrhoidectomy, internal and external	\$1,232
47600	Cholecystectomy	\$2,860
49000	Exploration of Abdomen	\$1,914
49320	Laparoscopy, diagnostic	\$1,364
49505	Repair Inguinal Hernia	\$1,562
49560	Repair Abdominal Hernia	\$1,892
50590	Lithotripsy, extracorporeal shock wave	\$3,652
51840	Bladder repair/vesical neck	\$2,640
52612	TURP	\$2,420
55810	Prostatectomy, perineal radical	\$4,532
57240	Repair Bladder & Vagina	\$1,496
57280	Suspension of Vagina	\$2,332
57282	Repair of Vaginal Prolapse	\$2,332
58150	Total Hysterectomy	\$2,750
58260	Vaginal Hysterectomy	\$2,662
58400	Suspension of Uterus	\$1,804

58600	Division of fallopian tube	\$1,276
58700	Removal of fallopian tube	\$1,672
58720	Removal of ovary/tube(s)	\$1,958
58740	Revise Fallopian Tube(s)	\$2,046
58750	Repair Oviduct	\$3,344
58770	Create New Tubal Opening	\$2,926
58925	Removal of ovarian cyst(s)	\$1,496
58940	Removal of ovary(s)	\$1,496
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,090
59150	Treat Ectopic Pregnancy	\$2,090
59400	Obstetrical Care	\$2,728
59409	Obstetrical Care	\$1,430
59410	Obstetrical Care	\$1,584
59510	Cesarean delivery	\$3,366
59851	Abortion	\$1,584
61154	Pierce Skull, Remove Clot	\$4,334
61312	Open Skull for Drainage	\$5,500
62284	Injection for Myelogram	\$704
63030	Low Back Disk Surgery	\$4,928
63035	Added Spinal Disk Surgery	\$1,606
63047	Removal of Spinal Lamina	\$5,500
63048	Removal of Spinal Lamina	\$1,936
63075	Neck Spine Disk Surgery	\$5,082
64721	Carpal Tunnel Surgery	\$1,584
65855	Laser Surgery of Eye	\$1,518
66170	Glaucoma Surgery	\$2,046
66761	Revision of Iris	\$1,210
66821	After Cataract Laser Surgery	\$1,122
66984	Remove Cataract, Insert Lens	\$2,926
67210	Treatment of Retinal Lesion	\$1,562
67228	Treatment of Retinal Lesion	\$1,672
67820	Revise Eyelashes	\$154
67840	Remove Eyelid Lesion	\$396
68761	Close Tear Duct Opening	\$242]

SCHEDULE OF SURGICAL PROCEDURES [- \$5750 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$161

10061	I&D of Abscess, Complex	\$368
19000	Puncture Aspiration of cyst of Breast	\$184
19120	Removal of Breast Lesion	\$1,058
19180	Mastectomy, Simple	\$1,771
19240	Removal of Breast	\$2,645
20550	In Tendon/Ligament/cyst	\$138
20600	Drain/Inject Joint/Bursa	\$138
20605	Drain/Inject Joint/Bursa	\$138
22554	Neck Spine Fusion	\$5,750
23500	Closed tx, clavicle fracture	\$437
25560	Closed tx, radius fracture	\$828
27230	Closed tx, femur fracture.	\$1,265
27816	Closed tx, ankle fracture	\$897
28415	Closed tx, humerus fracture	\$2,806
29580	Application of Paste Boot	\$115
35301	Rechannelling of Artery	\$4,209
36415	Drawing blood	\$23
36489	Insertion of Catheter, Vein	\$368
36533	Insertion of Access Port	\$1,357
38562	Removal, Pelvic Lymph Nodes	\$2,806
38770	Remove Pelvis Lymph Nodes	\$3,404
38780	Remove Abdomen Lymph Nodes	\$5,612
44005	Freeing of Bowel Adhesion	\$2,277
44140	Partial Removal of Colon	\$3,266
44950	Appendectomy	\$1,656
44970	Laparoscopy surgical appendectomy	\$1,656
45378	Diagnostic Colonoscopy	\$966
45560	Repair of Rectocele	\$1,081
46255	Hemorrhoidectomy, internal and external	\$1,288
47600	Cholecystectomy	\$2,990
49000	Exploration of Abdomen	\$2,001
49320	Laparoscopy, diagnostic	\$1,426
49505	Repair Inguinal Hernia	\$1,633
49560	Repair Abdominal Hernia	\$1,978
50590	Lithotripsy, extracorporeal shock wave	\$3,818
51840	Bladder repair/vesical neck	\$2,760
52612	TURP	\$2,530

55810	Prostatectomy, perineal radical	\$4,738
57240	Repair Bladder & Vagina	\$1,564
57280	Suspension of Vagina	\$2,438
57282	Repair of Vaginal Prolapse	\$2,438
58150	Total Hysterectomy	\$2,875
58260	Vaginal Hysterectomy	\$2,783
58400	Suspension of Uterus	\$1,886
58600	Division of fallopian tube	\$1,334
58700	Removal of fallopian tube	\$1,748
58720	Removal of ovary/tube(s)	\$2,047
58740	Revise Fallopian Tube(s)	\$2,139
58750	Repair Oviduct	\$3,496
58770	Create New Tubal Opening	\$3,059
58925	Removal of ovarian cyst(s)	\$1,564
58940	Removal of ovary(s)	\$1,564
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,185
59150	Treat Ectopic Pregnancy	\$2,185
59400	Obstetrical Care	\$2,852
59409	Obstetrical Care	\$1,495
59410	Obstetrical Care	\$1,656
59510	Cesarean delivery	\$3,519
59851	Abortion	\$1,656
61154	Pierce Skull, Remove Clot	\$4,531
61312	Open Skull for Drainage	\$5,750
62284	Injection for Myelogram	\$736
63030	Low Back Disk Surgery	\$5,152
63035	Added Spinal Disk Surgery	\$1,679
63047	Removal of Spinal Lamina	\$5,750
63048	Removal of Spinal Lamina	\$2,024
63075	Neck Spine Disk Surgery	\$5,313
64721	Carpal Tunnel Surgery	\$1,656
65855	Laser Surgery of Eye	\$1,587
66170	Glaucoma Surgery	\$2,139
66761	Revision of Iris	\$1,265
66821	After Cataract Laser Surgery	\$1,173
66984	Remove Cataract, Insert Lens	\$3,059
67210	Treatment of Retinal Lesion	\$1,633

67228	Treatment of Retinal Lesion	\$1,748
67820	Revise Eyelashes	\$161
67840	Remove Eyelid Lesion	\$414
68761	Close Tear Duct Opening	\$253]

SCHEDULE OF SURGICAL PROCEDURES [- \$6,000 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$168
10061	I&D of Abscess, Complex	\$384
19000	Puncture Aspiration of cyst of Breast	\$192
19120	Removal of Breast Lesion	\$1,104
19180	Mastectomy, Simple	\$1,848
19240	Removal of Breast	\$2,760
20550	In Tendon/Ligament/cyst	\$144
20600	Drain/Inject Joint/Bursa	\$144
20605	Drain/Inject Joint/Bursa	\$144
22554	Neck Spine Fusion	\$6,000
23500	Closed tx, clavicle fracture	\$456
25560	Closed tx, radius fracture	\$864
27230	Closed tx, femur fracture.	\$1,320
27816	Closed tx, ankle fracture	\$936
28415	Closed tx, humerus fracture	\$2,928
29580	Application of Paste Boot	\$120
35301	Rechannelling of Artery	\$4,392
36415	Drawing blood	\$24
36489	Insertion of Catheter, Vein	\$384
36533	Insertion of Access Port	\$1,416
38562	Removal, Pelvic Lymph Nodes	\$2,928
38770	Remove Pelvis Lymph Nodes	\$3,552
38780	Remove Abdomen Lymph Nodes	\$5,856
44005	Freeing of Bowel Adhesion	\$2,376
44140	Partial Removal of Colon	\$3,408
44950	Appendectomy	\$1,728
44970	Laparoscopy surgical appendectomy	\$1,728
45378	Diagnostic Colonoscopy	\$1,008
45560	Repair of Rectocele	\$1,128
46255	Hemorrhoidectomy, internal and external	\$1,344
47600	Cholecystectomy	\$3,120

49000	Exploration of Abdomen	\$2,088
49320	Laparoscopy, diagnostic	\$1,488
49505	Repair Inguinal Hernia	\$1,704
49560	Repair Abdominal Hernia	\$2,064
50590	Lithotripsy, extracorporeal shock wave	\$3,984
51840	Bladder repair/vesical neck	\$2,880
52612	TURP	\$2,640
55810	Prostatectomy, perineal radical	\$4,944
57240	Repair Bladder & Vagina	\$1,632
57280	Suspension of Vagina	\$2,544
57282	Repair of Vaginal Prolapse	\$2,544
58150	Total Hysterectomy	\$3,000
58260	Vaginal Hysterectomy	\$2,904
58400	Suspension of Uterus	\$1,968
58600	Division of fallopian tube	\$1,392
58700	Removal of fallopian tube	\$1,824
58720	Removal of ovary/tube(s)	\$2,136
58740	Revise Fallopian Tube(s)	\$2,232
58750	Repair Oviduct	\$3,648
58770	Create New Tubal Opening	\$3,192
58925	Removal of ovarian cyst(s)	\$1,632
58940	Removal of ovary(s)	\$1,632
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,280
59150	Treat Ectopic Pregnancy	\$2,280
59400	Obstetrical Care	\$2,976
59409	Obstetrical Care	\$1,560
59410	Obstetrical Care	\$1,728
59510	Cesarean delivery	\$3,672
59851	Abortion	\$1,728
61154	Pierce Skull, Remove Clot	\$4,728
61312	Open Skull for Drainage	\$6,000
62284	Injection for Myelogram	\$768
63030	Low Back Disk Surgery	\$5,376
63035	Added Spinal Disk Surgery	\$1,752
63047	Removal of Spinal Lamina	\$6,000
63048	Removal of Spinal Lamina	\$2,112
63075	Neck Spine Disk Surgery	\$5,544

64721	Carpal Tunnel Surgery	\$1,728
65855	Laser Surgery of Eye	\$1,656
66170	Glaucoma Surgery	\$2,232
66761	Revision of Iris	\$1,320
66821	After Cataract Laser Surgery	\$1,224
66984	Remove Cataract, Insert Lens	\$3,192
67210	Treatment of Retinal Lesion	\$1,704
67228	Treatment of Retinal Lesion	\$1,824
67820	Revise Eyelashes	\$168
67840	Remove Eyelid Lesion	\$432
68761	Close Tear Duct Opening	\$264]

SCHEDULE OF SURGICAL PROCEDURES [- \$6,250 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$175
10061	I&D of Abscess, Complex	\$400
19000	Puncture Aspiration of cyst of Breast	\$200
19120	Removal of Breast Lesion	\$1,150
19180	Mastectomy, Simple	\$1,925
19240	Removal of Breast	\$2,875
20550	In Tendon/Ligament/cyst	\$150
20600	Drain/Inject Joint/Bursa	\$150
20605	Drain/Inject Joint/Bursa	\$150
22554	Neck Spine Fusion	\$6,250
23500	Closed tx, clavicle fracture	\$475
25560	Closed tx, radius fracture	\$900
27230	Closed tx, femur fracture.	\$1,375
27816	Closed tx, ankle fracture	\$975
28415	Closed tx, humerus fracture	\$3,050
29580	Application of Paste Boot	\$125
35301	Rechannelling of Artery	\$4,575
36415	Drawing blood	\$25
36489	Insertion of Catheter, Vein	\$400
36533	Insertion of Access Port	\$1,475
38562	Removal, Pelvic Lymph Nodes	\$3,050
38770	Remove Pelvis Lymph Nodes	\$3,700
38780	Remove Abdomen Lymph Nodes	\$6,100
44005	Freeing of Bowel Adhesion	\$2,475

44140	Partial Removal of Colon	\$3,550
44950	Appendectomy	\$1,800
44970	Laparoscopy surgical appendectomy	\$1,800
45378	Diagnostic Colonoscopy	\$1,050
45560	Repair of Rectocele	\$1,175
46255	Hemorrhoidectomy, internal and external	\$1,400
47600	Cholecystectomy	\$3,250
49000	Exploration of Abdomen	\$2,175
49320	Laparoscopy, diagnostic	\$1,550
49505	Repair Inguinal Hernia	\$1,775
49560	Repair Abdominal Hernia	\$2,150
50590	Lithotripsy, extracorporeal shock wave	\$4,150
51840	Bladder repair/vesical neck	\$3,000
52612	TURP	\$2,750
55810	Prostatectomy, perineal radical	\$5,150
57240	Repair Bladder & Vagina	\$1,700
57280	Suspension of Vagina	\$2,650
57282	Repair of Vaginal Prolapse	\$2,650
58150	Total Hysterectomy	\$3,125
58260	Vaginal Hysterectomy	\$3,025
58400	Suspension of Uterus	\$2,050
58600	Division of fallopian tube	\$1,450
58700	Removal of fallopian tube	\$1,900
58720	Removal of ovary/tube(s)	\$2,225
58740	Revise Fallopian Tube(s)	\$2,325
58750	Repair Oviduct	\$3,800
58770	Create New Tubal Opening	\$3,325
58925	Removal of ovarian cyst(s)	\$1,700
58940	Removal of ovary(s)	\$1,700
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,375
59150	Treat Ectopic Pregnancy	\$2,375
59400	Obstetrical Care	\$3,100
59409	Obstetrical Care	\$1,625
59410	Obstetrical Care	\$1,800
59510	Cesarean delivery	\$3,825
59851	Abortion	\$1,800
61154	Pierce Skull, Remove Clot	\$4,925

61312	Open Skull for Drainage	\$6,250
62284	Injection for Myelogram	\$800
63030	Low Back Disk Surgery	\$5,600
63035	Added Spinal Disk Surgery	\$1,825
63047	Removal of Spinal Lamina	\$6,250
63048	Removal of Spinal Lamina	\$2,200
63075	Neck Spine Disk Surgery	\$5,775
64721	Carpal Tunnel Surgery	\$1,800
65855	Laser Surgery of Eye	\$1,725
66170	Glaucoma Surgery	\$2,325
66761	Revision of Iris	\$1,375
66821	After Cataract Laser Surgery	\$1,275
66984	Remove Cataract, Insert Lens	\$3,325
67210	Treatment of Retinal Lesion	\$1,775
67228	Treatment of Retinal Lesion	\$1,900
67820	Revise Eyelashes	\$175
67840	Remove Eyelid Lesion	\$450
68761	Close Tear Duct Opening	\$275]

SCHEDULE OF SURGICAL PROCEDURES [- \$6,500 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$182
10061	I&D of Abscess, Complex	\$416
19000	Puncture Aspiration of cyst of Breast	\$208
19120	Removal of Breast Lesion	\$1,196
19180	Mastectomy, Simple	\$2,002
19240	Removal of Breast	\$2,990
20550	In Tendon/Ligament/cyst	\$156
20600	Drain/Inject Joint/Bursa	\$156
20605	Drain/Inject Joint/Bursa	\$156
22554	Neck Spine Fusion	\$6,500
23500	Closed tx, clavicle fracture	\$494
25560	Closed tx, radius fracture	\$936
27230	Closed tx, femur fracture.	\$1,430
27816	Closed tx, ankle fracture	\$1,014
28415	Closed tx, humerus fracture	\$3,172
29580	Application of Paste Boot	\$130
35301	Rechanneling of Artery	\$4,758

36415	Drawing blood	\$26
36489	Insertion of Catheter, Vein	\$416
36533	Insertion of Access Port	\$1,534
38562	Removal, Pelvic Lymph Nodes	\$3,172
38770	Remove Pelvis Lymph Nodes	\$3,848
38780	Remove Abdomen Lymph Nodes	\$6,344
44005	Freeing of Bowel Adhesion	\$2,574
44140	Partial Removal of Colon	\$3,692
44950	Appendectomy	\$1,872
44970	Laparoscopy surgical appendectomy	\$1,872
45378	Diagnostic Colonoscopy	\$1,092
45560	Repair of Rectocele	\$1,222
46255	Hemorrhoidectomy, internal and external	\$1,456
47600	Cholecystectomy	\$3,380
49000	Exploration of Abdomen	\$2,262
49320	Laparoscopy, diagnostic	\$1,612
49505	Repair Inguinal Hernia	\$1,846
49560	Repair Abdominal Hernia	\$2,236
50590	Lithotripsy, extracorporeal shock wave	\$4,316
51840	Bladder repair/vesical neck	\$3,120
52612	TURP	\$2,860
55810	Prostatectomy, perineal radical	\$5,356
57240	Repair Bladder & Vagina	\$1,768
57280	Suspension of Vagina	\$2,756
57282	Repair of Vaginal Prolapse	\$2,756
58150	Total Hysterectomy	\$3,250
58260	Vaginal Hysterectomy	\$3,146
58400	Suspension of Uterus	\$2,132
58600	Division of fallopian tube	\$1,508
58700	Removal of fallopian tube	\$1,976
58720	Removal of ovary/tube(s)	\$2,314
58740	Revise Fallopian Tube(s)	\$2,418
58750	Repair Oviduct	\$3,952
58770	Create New Tubal Opening	\$3,458
58925	Removal of ovarian cyst(s)	\$1,768
58940	Removal of ovary(s)	\$1,768
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,470

59150	Treat Ectopic Pregnancy	\$2,470
59400	Obstetrical Care	\$3,224
59409	Obstetrical Care	\$1,690
59410	Obstetrical Care	\$1,872
59510	Cesarean delivery	\$3,978
59851	Abortion	\$1,872
61154	Pierce Skull, Remove Clot	\$5,122
61312	Open Skull for Drainage	\$6,500
62284	Injection for Myelogram	\$832
63030	Low Back Disk Surgery	\$5,824
63035	Added Spinal Disk Surgery	\$1,898
63047	Removal of Spinal Lamina	\$6,500
63048	Removal of Spinal Lamina	\$2,288
63075	Neck Spine Disk Surgery	\$6,006
64721	Carpal Tunnel Surgery	\$1,872
65855	Laser Surgery of Eye	\$1,794
66170	Glaucoma Surgery	\$2,418
66761	Revision of Iris	\$1,430
66821	After Cataract Laser Surgery	\$1,326
66984	Remove Cataract, Insert Lens	\$3,458
67210	Treatment of Retinal Lesion	\$1,846
67228	Treatment of Retinal Lesion	\$1,976
67820	Revise Eyelashes	\$182
67840	Remove Eyelid Lesion	\$468
68761	Close Tear Duct Opening	\$286]

SCHEDULE OF SURGICAL PROCEDURES [- \$6,750 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$189
10061	I&D of Abscess, Complex	\$432
19000	Puncture Aspiration of cyst of Breast	\$216
19120	Removal of Breast Lesion	\$1,242
19180	Mastectomy, Simple	\$2,079
19240	Removal of Breast	\$3,105
20550	In Tendon/Ligament/cyst	\$162
20600	Drain/Inject Joint/Bursa	\$162
20605	Drain/Inject Joint/Bursa	\$162
22554	Neck Spine Fusion	\$6,750

23500	Closed tx, clavicle fracture	\$513
25560	Closed tx, radius fracture	\$972
27230	Closed tx, femur fracture.	\$1,485
27816	Closed tx, ankle fracture	\$1,053
28415	Closed tx, humerus fracture	\$3,294
29580	Application of Paste Boot	\$135
35301	Rechannelling of Artery	\$4,941
36415	Drawing blood	\$27
36489	Insertion of Catheter, Vein	\$432
36533	Insertion of Access Port	\$1,593
38562	Removal, Pelvic Lymph Nodes	\$3,294
38770	Remove Pelvis Lymph Nodes	\$3,996
38780	Remove Abdomen Lymph Nodes	\$6,588
44005	Freeing of Bowel Adhesion	\$2,673
44140	Partial Removal of Colon	\$3,834
44950	Appendectomy	\$1,944
44970	Laparoscopy surgical appendectomy	\$1,944
45378	Diagnostic Colonoscopy	\$1,134
45560	Repair of Rectocele	\$1,269
46255	Hemorrhoidectomy, internal and external	\$1,512
47600	Cholecystectomy	\$3,510
49000	Exploration of Abdomen	\$2,349
49320	Laparoscopy, diagnostic	\$1,674
49505	Repair Inguinal Hernia	\$1,917
49560	Repair Abdominal Hernia	\$2,322
50590	Lithotripsy, extracorporeal shock wave	\$4,482
51840	Bladder repair/vesical neck	\$3,240
52612	TURP	\$2,970
55810	Prostatectomy, perineal radical	\$5,562
57240	Repair Bladder & Vagina	\$1,836
57280	Suspension of Vagina	\$2,862
57282	Repair of Vaginal Prolapse	\$2,862
58150	Total Hysterectomy	\$3,375
58260	Vaginal Hysterectomy	\$3,267
58400	Suspension of Uterus	\$2,214
58600	Division of fallopian tube	\$1,566
58700	Removal of fallopian tube	\$2,052

58720	Removal of ovary/tube(s)	\$2,403
58740	Revise Fallopian Tube(s)	\$2,511
58750	Repair Oviduct	\$4,104
58770	Create New Tubal Opening	\$3,591
58925	Removal of ovarian cyst(s)	\$1,836
58940	Removal of ovary(s)	\$1,836
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,565
59150	Treat Ectopic Pregnancy	\$2,565
59400	Obstetrical Care	\$3,348
59409	Obstetrical Care	\$1,755
59410	Obstetrical Care	\$1,944
59510	Cesarean delivery	\$4,131
59851	Abortion	\$1,944
61154	Pierce Skull, Remove Clot	\$5,319
61312	Open Skull for Drainage	\$6,750
62284	Injection for Myelogram	\$864
63030	Low Back Disk Surgery	\$6,048
63035	Added Spinal Disk Surgery	\$1,971
63047	Removal of Spinal Lamina	\$6,750
63048	Removal of Spinal Lamina	\$2,376
63075	Neck Spine Disk Surgery	\$6,237
64721	Carpal Tunnel Surgery	\$1,944
65855	Laser Surgery of Eye	\$1,863
66170	Glaucoma Surgery	\$2,511
66761	Revision of Iris	\$1,485
66821	After Cataract Laser Surgery	\$1,377
66984	Remove Cataract, Insert Lens	\$3,591
67210	Treatment of Retinal Lesion	\$1,917
67228	Treatment of Retinal Lesion	\$2,052
67820	Revise Eyelashes	\$189
67840	Remove Eyelid Lesion	\$486
68761	Close Tear Duct Opening	\$297]

SCHEDULE OF SURGICAL PROCEDURES [- \$7,000 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$196
10061	I&D of Abscess, Complex	\$448
19000	Puncture Aspiration of cyst of Breast	\$224

19120	Removal of Breast Lesion	\$1,288
19180	Mastectomy, Simple	\$2,156
19240	Removal of Breast	\$3,220
20550	In Tendon/Ligament/cyst	\$168
20600	Drain/Inject Joint/Bursa	\$168
20605	Drain/Inject Joint/Bursa	\$168
22554	Neck Spine Fusion	\$7,000
23500	Closed tx, clavicle fracture	\$532
25560	Closed tx, radius fracture	\$1,008
27230	Closed tx, femur fracture.	\$1,540
27816	Closed tx, ankle fracture	\$1,092
28415	Closed tx, humerus fracture	\$3,416
29580	Application of Paste Boot	\$140
35301	Rechannelling of Artery	\$5,124
36415	Drawing blood	\$28
36489	Insertion of Catheter, Vein	\$448
36533	Insertion of Access Port	\$1,652
38562	Removal, Pelvic Lymph Nodes	\$3,416
38770	Remove Pelvis Lymph Nodes	\$4,144
38780	Remove Abdomen Lymph Nodes	\$6,832
44005	Freeing of Bowel Adhesion	\$2,772
44140	Partial Removal of Colon	\$3,976
44950	Appendectomy	\$2,016
44970	Laparoscopy surgical appendectomy	\$2,016
45378	Diagnostic Colonoscopy	\$1,176
45560	Repair of Rectocele	\$1,316
46255	Hemorrhoidectomy, internal and external	\$1,568
47600	Cholecystectomy	\$3,640
49000	Exploration of Abdomen	\$2,436
49320	Laparoscopy, diagnostic	\$1,736
49505	Repair Inguinal Hernia	\$1,988
49560	Repair Abdominal Hernia	\$2,408
50590	Lithotripsy, extracorporeal shock wave	\$4,648
51840	Bladder repair/vesical neck	\$3,360
52612	TURP	\$3,080
55810	Prostatectomy, perineal radical	\$5,768
57240	Repair Bladder & Vagina	\$1,904

57280	Suspension of Vagina	\$2,968
57282	Repair of Vaginal Prolapse	\$2,968
58150	Total Hysterectomy	\$3,500
58260	Vaginal Hysterectomy	\$3,388
58400	Suspension of Uterus	\$2,296
58600	Division of fallopian tube	\$1,624
58700	Removal of fallopian tube	\$2,128
58720	Removal of ovary/tube(s)	\$2,492
58740	Revise Fallopian Tube(s)	\$2,604
58750	Repair Oviduct	\$4,256
58770	Create New Tubal Opening	\$3,724
58925	Removal of ovarian cyst(s)	\$1,904
58940	Removal of ovary(s)	\$1,904
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,660
59150	Treat Ectopic Pregnancy	\$2,660
59400	Obstetrical Care	\$3,472
59409	Obstetrical Care	\$1,820
59410	Obstetrical Care	\$2,016
59510	Cesarean delivery	\$4,284
59851	Abortion	\$2,016
61154	Pierce Skull, Remove Clot	\$5,516
61312	Open Skull for Drainage	\$7,000
62284	Injection for Myelogram	\$896
63030	Low Back Disk Surgery	\$6,272
63035	Added Spinal Disk Surgery	\$2,044
63047	Removal of Spinal Lamina	\$7,000
63048	Removal of Spinal Lamina	\$2,464
63075	Neck Spine Disk Surgery	\$6,468
64721	Carpal Tunnel Surgery	\$2,016
65855	Laser Surgery of Eye	\$1,932
66170	Glaucoma Surgery	\$2,604
66761	Revision of Iris	\$1,540
66821	After Cataract Laser Surgery	\$1,428
66984	Remove Cataract, Insert Lens	\$3,724
67210	Treatment of Retinal Lesion	\$1,988
67228	Treatment of Retinal Lesion	\$2,128
67820	Revise Eyelashes	\$196

67840	Remove Eyelid Lesion	\$504
68761	Close Tear Duct Opening	\$308]

SCHEDULE OF SURGICAL PROCEDURES [- \$7,250 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$203
10061	I&D of Abscess, Complex	\$464
19000	<i>Puncture Aspiration of cyst of Breast</i>	\$232
19120	Removal of Breast Lesion	\$1,334
19180	Mastectomy, Simple	\$2,233
19240	Removal of Breast	\$3,335
20550	In Tendon/Ligament/cyst	\$174
20600	Drain/Inject Joint/Bursa	\$174
20605	Drain/Inject Joint/Bursa	\$174
22554	Neck Spine Fusion	\$7,250
23500	Closed tx, clavicle fracture	\$551
25560	Closed tx, radius fracture	\$1,044
27230	Closed tx, femur fracture.	\$1,595
27816	Closed tx, ankle fracture	\$1,131
28415	Closed tx, humerus fracture	\$3,538
29580	Application of Paste Boot	\$145
35301	Rechannelling of Artery	\$5,307
36415	Drawing blood	\$29
36489	Insertion of Catheter, Vein	\$464
36533	Insertion of Access Port	\$1,711
38562	Removal, Pelvic Lymph Nodes	\$3,538
38770	Remove Pelvis Lymph Nodes	\$4,292
38780	Remove Abdomen Lymph Nodes	\$7,076
44005	Freeing of Bowel Adhesion	\$2,871
44140	Partial Removal of Colon	\$4,118
44950	Appendectomy	\$2,088
44970	Laparoscopy surgical appendectomy	\$2,088
45378	Diagnostic Colonoscopy	\$1,218
45560	Repair of Rectocele	\$1,363
46255	Hemorrhoidectomy, internal and external	\$1,624
47600	Cholecystectomy	\$3,770
49000	Exploration of Abdomen	\$2,523
49320	Laparoscopy, diagnostic	\$1,798

49505	Repair Inguinal Hernia	\$2,059
49560	Repair Abdominal Hernia	\$2,494
50590	Lithotripsy, extracorporeal shock wave	\$4,814
51840	Bladder repair/vesical neck	\$3,480
52612	TURP	\$3,190
55810	Prostatectomy, perineal radical	\$5,974
57240	Repair Bladder & Vagina	\$1,972
57280	Suspension of Vagina	\$3,074
57282	Repair of Vaginal Prolapse	\$3,074
58150	Total Hysterectomy	\$3,625
58260	Vaginal Hysterectomy	\$3,509
58400	Suspension of Uterus	\$2,378
58600	Division of fallopian tube	\$1,682
58700	Removal of fallopian tube	\$2,204
58720	Removal of ovary/tube(s)	\$2,581
58740	Revise Fallopian Tube(s)	\$2,697
58750	Repair Oviduct	\$4,408
58770	Create New Tubal Opening	\$3,857
58925	Removal of ovarian cyst(s)	\$1,972
58940	Removal of ovary(s)	\$1,972
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,755
59150	Treat Ectopic Pregnancy	\$2,755
59400	Obstetrical Care	\$3,596
59409	Obstetrical Care	\$1,885
59410	Obstetrical Care	\$2,088
59510	Cesarean delivery	\$4,437
59851	Abortion	\$2,088
61154	Pierce Skull, Remove Clot	\$5,713
61312	Open Skull for Drainage	\$7,250
62284	Injection for Myelogram	\$928
63030	Low Back Disk Surgery	\$6,496
63035	Added Spinal Disk Surgery	\$2,117
63047	Removal of Spinal Lamina	\$7,250
63048	Removal of Spinal Lamina	\$2,552
63075	Neck Spine Disk Surgery	\$6,699
64721	Carpal Tunnel Surgery	\$2,088
65855	Laser Surgery of Eye	\$2,001

66170	Glaucoma Surgery	\$2,697
66761	Revision of Iris	\$1,595
66821	After Cataract Laser Surgery	\$1,479
66984	Remove Cataract, Insert Lens	\$3,857
67210	Treatment of Retinal Lesion	\$2,059
67228	Treatment of Retinal Lesion	\$2,204
67820	Revise Eyelashes	\$203
67840	Remove Eyelid Lesion	\$522
68761	Close Tear Duct Opening	\$319]

SCHEDULE OF SURGICAL PROCEDURES [- \$7,500 maximum]

CPT-4 Codes	Procedure	Amount
[10060	I&D of Abscess, Simple	\$210
10061	I&D of Abscess, Complex	\$480
19000	Puncture Aspiration of cyst of Breast	\$240
19120	Removal of Breast Lesion	\$1,380
19180	Mastectomy, Simple	\$2,310
19240	Removal of Breast	\$3,450
20550	In Tendon/Ligament/cyst	\$180
20600	Drain/Inject Joint/Bursa	\$180
20605	Drain/Inject Joint/Bursa	\$180
22554	Neck Spine Fusion	\$7,500
23500	Closed tx, clavicle fracture	\$570
25560	Closed tx, radius fracture	\$1,080
27230	Closed tx, femur fracture.	\$1,650
27816	Closed tx, ankle fracture	\$1,170
28415	Closed tx, humerus fracture	\$3,660
29580	Application of Paste Boot	\$150
35301	Rechannelling of Artery	\$5,490
36415	Drawing blood	\$30
36489	Insertion of Catheter, Vein	\$480
36533	Insertion of Access Port	\$1,770
38562	Removal, Pelvic Lymph Nodes	\$3,660
38770	Remove Pelvis Lymph Nodes	\$4,440
38780	Remove Abdomen Lymph Nodes	\$7,320
44005	Freeing of Bowel Adhesion	\$2,970
44140	Partial Removal of Colon	\$4,260
44950	Appendectomy	\$2,160

44970	Laparoscopy surgical appendectomy	\$2,160
45378	Diagnostic Colonoscopy	\$1,260
45560	Repair of Rectocele	\$1,410
46255	Hemorrhoidectomy, internal and external	\$1,680
47600	Cholecystectomy	\$3,900
49000	Exploration of Abdomen	\$2,610
49320	Laparoscopy, diagnostic	\$1,860
49505	Repair Inguinal Hernia	\$2,130
49560	Repair Abdominal Hernia	\$2,580
50590	Lithotripsy, extracorporeal shock wave	\$4,980
51840	Bladder repair/vesical neck	\$3,600
52612	TURP	\$3,300
55810	Prostatectomy, perineal radical	\$6,180
57240	Repair Bladder & Vagina	\$2,040
57280	Suspension of Vagina	\$3,180
57282	Repair of Vaginal Prolapse	\$3,180
58150	Total Hysterectomy	\$3,750
58260	Vaginal Hysterectomy	\$3,630
58400	Suspension of Uterus	\$2,460
58600	Division of fallopian tube	\$1,740
58700	Removal of fallopian tube	\$2,280
58720	Removal of ovary/tube(s)	\$2,670
58740	Revise Fallopian Tube(s)	\$2,790
58750	Repair Oviduct	\$4,560
58770	Create New Tubal Opening	\$3,990
58925	Removal of ovarian cyst(s)	\$2,040
58940	Removal of ovary(s)	\$2,040
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,850
59150	Treat Ectopic Pregnancy	\$2,850
59400	Obstetrical Care	\$3,720
59409	Obstetrical Care	\$1,950
59410	Obstetrical Care	\$2,160
59510	Cesarean delivery	\$4,590
59851	Abortion	\$2,160
61154	Pierce Skull, Remove Clot	\$5,910
61312	Open Skull for Drainage	\$7,500
62284	Injection for Myelogram	\$960

63030	Low Back Disk Surgery	\$6,720
63035	Added Spinal Disk Surgery	\$2,190
63047	Removal of Spinal Lamina	\$7,500
63048	Removal of Spinal Lamina	\$2,640
63075	Neck Spine Disk Surgery	\$6,930
64721	Carpal Tunnel Surgery	\$2,160
65855	Laser Surgery of Eye	\$2,070
66170	Glaucoma Surgery	\$2,790
66761	Revision of Iris	\$1,650
66821	After Cataract Laser Surgery	\$1,530
66984	Remove Cataract, Insert Lens	\$3,990
67210	Treatment of Retinal Lesion	\$2,130
67228	Treatment of Retinal Lesion	\$2,280
67820	Revise Eyelashes	\$210
67840	Remove Eyelid Lesion	\$540
68761	Close Tear Duct Opening	\$300]

[Schedule of Excepted Procedures]

CPT Code	Description
[36415	Collection of Venous Blood By Venipuncture
36416	Collecton of Capillary Blood Specimen
17003	Destruc Ben/Premalig Les Other Than Skin Tag;2-14 Ea
11055	Par/Cut Ben Hyperkeratotic Lesion; Single Lesion
11720	Debridement of Nail By Any Method; One To Five
11719	Trimming of Nondystrophic Nails Any Number
11056	Paring/Cut Ben Hyperkeratotic Lesion; 2-4 Les
29550	Strapping; Toes
11001	Debrid Ext Eczem/Inf Skin; Ea Add 10% Bdy Surfce
69401	Eustachian Tube Inflation Transnasl; W/O Cath
36410	Venipunct Age 3 Yr Md Skill-Sep Proc Not Routine
36540	Clct Bld Spec From Cmpl Impl Venous Acss Device
11721	Debridement of Nail By Any Method; Six or More
29280	Strapping; Hand or Finger
29720	Repair of Spica Body Cast or Jacket
11732	Avul Nail Plat Part/Cmpl Smpl; Ea Add Nail Plat
11740	Evacuation of Subungual Hematoma
30210	Displacement Therapy
11040	Debridement; Skin Partial Thickness
29260	Strapping; Elbow or Wrist
57170	Diaphragm Or Cervical Cap Fitting W/Instructions
16000	Init Tx 1 Deg Burn When No > Loc Tx Is Required

29730	Windowing of Cast
11057	Paring/Cut Ben Hyperkeratotic Lesion; > 4 Les
36405	Venipuncture Under Age 3 Years; Scalp Vein
36406	Venipuncture Under Age 3 Years; Other Vein
69210	Removal Impacted Cerumen One or Both Ears
29130	Application Of Finger Splint; Static
29200	Strapping; Thorax
29240	Strapping; Shoulder
29440	Adding Walker To Previously Applied Cast
29540	Strapping; Ankle And/or Foot
29700	Removal/Bivalving; Gauntlet-Boot/Body Cast
36400	Venipuncture Under Age 3 Years; Femoral/Jugular
46600	Anoscopy; Dx W/Wo Collct Specimen Brush/Wash-Sp
59051	Fetal Mon-Labor-Cnslt Md W/Writn Reprt; Interp
17250	Chemical Cauterization of Granulation Tissue
57160	Fit&Insrtn Pessary/Oth Intravag Support Device
69090	Ear Piercing
58301	Removal Of Intrauterine Device
20526	Injection Therapeutic Carpal Tunnel
20612	Aspir &or Injection Gang Cysts Any Location
15787	Abrasion; Each Additional Four Lesions or Less
15850	Removal Of Sutures Under Anesthesia Same Surgeon
11201	Removal Skin Tags Any Area;Ea Add 10 Lesions
29530	Strapping; Knee
29705	Removal or Bivalving; Full Arm or Full Leg Cast
29750	Wedging of Clubfoot Cast
11000	Debrid Ext Eczem/Inf Skin; Up 10% Body Surface
17000	Destruc Ben/Premalig Les Other Than Skin Tag; 1 Les
17110	Destruc Flat Warts Mollusc Contag/Milia; Up 14
11900	Injection Intralesional; Up To&Incl 7 Lesions
11101	Bx Skin Subq Tissue &/ Mucous Membrane; Ea Add
19001	Puncture Aspiration Cyst Breast; Ea Add Cyst
30200	Injection Into Turbinate Therapeutic
57150	Irriga Vag &/or Applic Medicament-Tx Bacteril Dz
69220	Debridement Mastoidectomy Cavity Simple
42550	Injection Procedure for Sialography
42650	Dilation Salivary Duct
69400	Eustachian Tube Inflation Transnasal; W/Cath
69405	Eustachian Tube Catheterization Transtympanic
69410	Focal Applic Phase Control Substance Mid Ear
10040	Acne Surgery
19291	Preop Plcmt Ndle Loc Wire Breast; Ea Add Lesion
29740	Wedging of Cast

11300	Shav Epid/Derm 1 Les Trunk Arms/Legs; 0.5cm/Less
16020	Drsg &Or Debrid Init/Subsqt; W/O Anes-Ofc/Hos Sm
65205	Removal Fb External Eye; Conjunct Superficial
41821	Operculectomy Excision Pericoronal Tissues
11730	Avul Nail Plate Partial/Complete Simple; Single
51701	Insertion Non-Indwelling Bladder Catheter
51702	Insertion Temp Indwelling Bladder Cath; Simple
29580	Strapping; Unna Boot
50684	Inj Proc-Ureterography Thru Ureterostomy/Cath
33968	Removal Intra-Aortic Balloon Assist Device Perq]