

DIRECT ALL INQUIRIES AND CLAIMS TO:
DVM Insurance Agency: 3060 Saturn Street • Brea, CA 92821-6200 • 1-800-540-2016 • 714-989-0555

VPI® MEDICAL PLAN COVERAGE FORM

1. INSURING AGREEMENT

We will provide the benefits listed in the VPI® Medical Plan Benefit Schedule in return for **your** payment of premium when due and compliance with all provisions of this policy. **We** will pay **covered veterinary services expenses** that **you** incur during the policy term for the diagnosis or treatment of **your pet's condition**. Benefit payments are subject to all exclusions, limitations, and conditions of this insurance policy.

2. DEFINITIONS

We define words or phrases in **your** policy. **We** identify these terms with **bold typeface**. Any veterinary medical terms or phrases not defined in this policy will be interpreted as defined in the most recent edition of Blood D.C., Studdert V.P., Gay C.C., *Saunders Comprehensive Veterinary Dictionary*. London, UK: W.B. Saunders.

- A. **Chronic condition** means a **condition** that can be treated or managed but not **cured**.
- B. **Condition** means an **illness** or **injury** that **your pet** contracts or incurs.
- C. **Congenital disorder** means an abnormality of a body structure or function that is present at birth, whether apparent or not, that can cause **illness** or disease.
- D. **Covered veterinary services expenses** means expenses for reasonable and necessary **veterinary services** that are eligible for payment under the VPI® Medical Plan Benefit Schedule.
- E. **Cured** means eliminated and having no effect on the **pet** so that the **pet** is fully restored to normal health without any treatment or management.
- F. **Developmental defect** means an abnormality of a body structure or function that is a result of faulty development, whether apparent or not, that can cause **illness** or disease.
- G. **Hereditary disorder, defect, or disease** means an abnormality transmitted by gene(s) from parent to offspring, whether apparent or not, that can cause a **condition**.
- H. **Illness** means any **condition** caused by or associated with sickness or disease. All clinical signs or symptoms of an **illness** constitute one **illness**, regardless of the number of affected areas of **your pet's** body.
- I. **Incident** means an occurrence that causes **your pet's condition**.
- J. **Injury** means physical damage to part of a **pet's** body caused by an unforeseen physical action or force outside the **pet's** body.
- K. **Medication** means a substance approved by the U.S. Food and Drug Administration (FDA) that is used to treat a **condition**.
- L. **Pet** means the animal identified on the Declarations Page or Renewal Certificate of **your** policy.
- M. **Pre-existing condition** means any **condition** that began or was contracted, manifested, or incurred before the effective date of **your** policy, whether or not the **condition** was discovered, diagnosed, or treated. A **condition** is not pre-existing if it was **cured** before the effective date of **your** policy and there has not been a recurrence or manifestation of the **condition** for at least six (6) months, unless it is a **chronic condition**. A **chronic condition** contracted, manifested, or incurred before the effective date of **your** policy is a **pre-existing condition**, whether or not the **condition** was discovered, diagnosed, or treated.
- N. **Prescribed** means: (1) directly provided by or (2) authorized by written instruction of a **veterinarian**.
- O. **Procedure** means a veterinary medical or surgical treatment method or course of action.
- P. **Spouse** means **your** husband, wife, or domestic partner under the law of **your** state of residence, who lives with **you** at the address shown on the Declarations Page or Renewal Certificate of **your** policy.

- Q. **Veterinarian** means a legally licensed veterinary medical practitioner.
- R. **Veterinary services** means medical treatment provided by or under the direct supervision of a **veterinarian**, including **medication prescribed** by the **veterinarian**.
- S. **Void** means to declare during the policy term that this policy is no longer in force or effect.
- T. **We, us, or our** means the company providing this insurance.
- U. **Wild mammal** means a mammal that has never been domesticated and generally lives in the state of nature unless captured and confined.
- V. **You or your** means the **pet** owner listed on the Declarations Page or Renewal Certificate of this policy.

3. POLICY TERM

Your policy is effective during the times and dates shown on **your** Declarations Page or Renewal Certificate. **Your** policy only applies to **covered veterinary services expenses** that **you** incur during the policy term due to **your pet's condition** that occurs while **your** policy is in effect.

4. BENEFIT PROVISIONS

- A. **We** will pay **covered veterinary services expenses** that **you** incur during the policy term for the diagnosis or treatment of **your pet's condition**, up to the limits of this policy. To be eligible for payment, **your pet's condition** or **procedure** to treat this **condition** must be listed in the VPI® Medical Plan Benefit Schedule.
- B. **We** will apply **your** deductible to **covered veterinary services expenses** that **you** incur during the policy term. **We** will pay **covered veterinary services expenses** that exceed **your** deductible, up to the limit of one Column A Primary Diagnosis Allowance and any Column B Secondary Diagnosis Allowance that applies to **your pet's condition**. These Diagnosis Allowances are the most that **we** will pay during the policy term for any **condition** covered by this policy, regardless of the number of **incidents** or treatments during the policy term.
- C. **Covered veterinary services expenses** from each **incident** are eligible for payment under only one Column A Primary Diagnosis Allowance and any applicable Column B Secondary Diagnosis Allowance. In each **incident**, **we** will apply the Column A Primary Diagnosis Allowance of the predominant **condition** for which **your pet** received **veterinary services**. **We** will not pay both a Column A Primary Diagnosis Allowance and a Column B Secondary Diagnosis Allowance under any Diagnosis Code that applies to the same **condition**.
- D. All payments under any Diagnosis Allowance reduce the amount payable under that Diagnosis Allowance for any other **covered veterinary services expenses** incurred during the policy term. **Covered veterinary services expenses** that are paid under one Diagnosis Allowance are not payable under any other Diagnosis Allowance. **We** will only pay **veterinary services** expenses for diagnostic testing resulting in the diagnosis of a **condition** that is covered by this policy.
- E. **We** will pay for Specialized Diagnostic Tests conducted by **your veterinarian**, up to the limits of the Specialized Diagnostic Test amounts listed in the VPI® Medical Plan Benefit Schedule. **We** will only pay for tests resulting in the diagnosis of a **condition** that is covered by this policy. **We** will not pay more than \$750 in Specialized Diagnostic Tests per policy term. These Specialized Diagnostic Test allowances apply in addition to any diagnostic testing amounts payable under a Column A Primary Diagnosis Allowance or a Column B Secondary Diagnosis Allowance.
- F. **We** will not pay more than \$7,000 in each policy term.

5. DEDUCTIBLE

We list **your** deductible on the Declarations Page or Renewal Certificate of **your** policy. **Your** deductible applies to each policy term. **We** will not pay any amount unless **your covered veterinary services expenses** during the policy term exceed **your** deductible. **We** will only pay the amount that exceeds your deductible, as specified in this policy.

6. WHAT WE DO NOT COVER – EXCLUSIONS

We will not pay for:

- A. Diagnosis or treatment of any **pre-existing condition**.
- B. Diagnosis or treatment of any **condition** identified as an Additional Excluded **Condition** on the Declarations Page or Renewal Certificate of **your** policy.

- C. Diagnosis or treatment of any bone or joint **condition** consisting of or associated with: (1) hip dysplasia, or any luxation or subluxation associated with hip dysplasia, (2) elbow dysplasia, (3) patellar luxation or subluxation, (4) osteochondritis dissecans, or (5) any fracture, luxation, or subluxation associated with aseptic necrosis of a femoral head.
- D. Diagnosis or treatment of any **condition** consisting of or associated with: (1) angular limb deformity or (2) cruciate ligament or meniscal damage or rupture that occurs during the first twelve (12) calendar months that this policy is in effect.
- E. Diagnosis or treatment of any **condition** consisting of or caused by cervical vertebral instability/Wobblers.
- F. Diagnosis or treatment of any **congenital disorder** or **developmental defect** or any **condition** caused by or resulting from the **congenital disorder** or **developmental defect**. We provide examples—not a complete list—of common **congenital disorders** and **developmental defects** on our website: www.petinsurance.com or you may call us at 800-USA-PETS to obtain this list.
- G. Diagnosis or treatment of any **hereditary disorder, defect, or disease** or any **condition** caused by or resulting from a **hereditary disorder, defect, or disease**. We list the **conditions** that we regard as **hereditary disorders, defects, or diseases** on our website: www.petinsurance.com or you may call us at 800-USA-PETS to obtain this list.
- H. Diagnosis or treatment of any **condition** consisting of, caused by, or associated with: (1) renal dysplasia, (2) cystine or urate urolithiasis, (3) collapsed trachea, (4) prolapsed gland of the third eyelid, (5) everted, scrolled or inverted cartilage of the third eyelid, (6) distichiasis, (7) trichiasis, (8) ectopic cilia, (9) ectropion, (10) entropion, (11) primary glaucoma, (12) retinal dysplasia, (13) progressive retinal atrophy, (14) corneal dystrophy, (15) cataracts of dogs 6 years of age and younger, unless secondary to **injury** or diabetes mellitus, (16) sex hormone dermatosis, (17) growth hormone dermatosis, (18) hemophilia, (19) inherited coagulation (bleeding) disorders, (20) von Willebrand's disease, or (21) cutaneous, systemic, or malignant histiocytosis.
- I. Diagnosis or treatment for: (1) removal or treatment of deciduous (baby) teeth, (2) cosmetic dental restoration including veneers, crowns, caps or other prosthetic devices, (3) temporomandibular joint (TMJ) disease, (4) enamel hypoplasia, (5) gingivitis, or (6) tooth hygiene or appearance.
- J. Diagnosis, treatment, or preventive diagnosis or treatment of **your pet** for internal or external parasites including fleas, heartworms, and roundworms.
- K. Elective **procedures** or cosmetic surgeries.
- L. Expression of anal glands, anal sacculitis, or removal of anal glands.
- M. Preventive gastropexy, tail docking, dewclaw removal, skin fold resection, or nail trims.
- N. Diagnosis or treatment of **your pet** for any **condition** resulting from or associated with breeding or pregnancy including caesarean section, dystocia, or termination of pregnancy.
- O. Spaying or neutering.
- P. Special diets, pet foods, or dietary or nutritional supplements used to treat or manage a **condition** or to preserve or improve general nutrition or health, even if **prescribed** by a **veterinarian**.
- Q. Boarding, transportation, grooming, or bathing. Boarding includes medical boarding, and bathing includes medicated baths or dips.
- R. Routine examinations, preventive treatment—including vaccines, or diagnostics associated with preventive treatment.
- S. Diagnosis or treatment of any disease preventable by vaccination. We will pay policy benefits if: (1) **your pet** was fully vaccinated for the disease and contracted the disease despite the prior vaccination or (2) **your pet** was not vaccinated for the disease based on the protocol of **your pet's veterinarian**.
- T. Diagnosis or treatment for age-related changes to **your pet's** eyes or ears including nuclear sclerosis, iris atrophy, vitreal degeneration, or loss of sight or hearing.
- U. Diagnosis or treatment that is experimental, investigational, or otherwise not generally accepted in the veterinary medical community.
- V. Diagnosis, treatment, training, or therapy for behavioral problems.

- W. Fees or other expenses not directly related to **veterinary services** including fees or expenses incurred for: (1) medical waste disposal, (2) medical record access or copying, (3) any license or certification, (4) compliance with any government rule or regulation, (5) any tax, or (6) any charge assessed by any bank, credit card company, or other financial institution.
- X. Diagnosis or treatment of any complication or progression of any **condition** excluded by this policy.
- Y. Diagnosis or treatment of **your pet's condition** that was caused intentionally by **you** or any other resident of **your** household.
- Z. Diagnosis or treatment of any **condition** caused directly or indirectly by war, rebellion, insurrection, or any release of nuclear radiation or radioactive contamination, regardless of cause.

7. YOUR DUTIES

- A. **You** must promptly notify **us** of **your pet's** treatment for any **condition**. **You** must submit complete and legible claim forms to **us** and include itemized receipts for **veterinary services** expenses.
- B. **You** agree to submit **your pet** to examination by a **veterinarian** selected by **us**, upon **our** request.
- C. **You** must reasonably protect **your pet** from aggravation of any **condition**.
- D. **You** agree to provide **us** with all medical records relating to any claim under **your** policy, upon **our** request.
- E. Upon payment of benefits, **we** will be subrogated to **your** rights of recovery from any other party.

8. OTHER INSURANCE

- A. **We** will not pay more than the highest amount payable under any one policy if **your pet** is covered by more than one policy issued by **us**.
- B. This insurance is excess over any other insurance provided by a policy issued by any other insurance company, whether collectable or not, which covers **your pet**.

9. TERMINATION OF INSURANCE

- A. **Your** policy will lapse if **you** do not pay **your** premium when due.
- B. **We** may cancel **your** policy by mailing written notice to **you** at **your** most recent address in **our** records. **We** will send **you** this notice ten (10) days before **we** cancel **your** policy.
- C. **You** may cancel **your** policy at any time by notifying **us** in writing.
- D. **We** will refund unearned premiums on a prorated basis if either **you** or **we** cancel **your** policy.

10. ASSIGNMENT OR TRANSFER OF POLICY

- A. **You** may not transfer or assign this policy in whole or in part without **our** written consent. **We** will not consent unless both **you** and the proposed assignee give **us** information that **we** request on forms that **we** provide.
- B. **Your** policy will transfer to **your** legal representative or surviving **spouse** upon **your** death.

11. CHANGES AND LIBERALIZATION

- A. This policy contains all the agreements between **you** and **us**. Its terms cannot be changed except by endorsement or rider issued by **us**.
- B. **You** or **your spouse** may request changes to **your** policy. Any change **we** make due to a request by **you** or **your spouse** is binding on all persons who have any interest under **your** policy.
- C. If **we** revise this policy form and broaden **your** coverage without charge, **you** will receive the broader coverage as soon as **we** make the revision.

12. REVIEW

You may request a review: (1) if **we** deny **your** claim in whole or in part, or (2) to ask that **we** remove an Additional Excluded **Condition** listed on the Declarations Page or Renewal Certificate of **your** policy. **Your** request must be in writing. Upon **our** reasonable request, **you** must provide **us** with all medical records and any other supporting documentation demonstrating that the **condition** has been **cured**. **We** will not consider requests to remove any

excluded **condition** unless the **condition** has been **cured** for at least six (6) months before the date of **your** request. All review decisions are final.

13. SUIT AGAINST US

You may not bring a legal action against **us** unless **you** have complied with all provisions of this policy. **You** must begin any legal action against **us** within one year of **your pet's** first treatment for any **condition** identified in **your** legal action.

14. DECLARATIONS

By accepting this policy, **you** agree that all the statements in **your** application and the declarations are true and that **you** have provided **us** with all material information about **your pet's** medical **condition**. **You** affirm that this policy and any endorsements or riders are the entire and only agreements between **you** and **us**.

15. FRAUD AND CONCEALMENT

We will **void your** policy from its inception if **we** discover that **you** have misrepresented or omitted any material fact and **we** relied on **your** misrepresentation or omission in issuing this policy to **you**. **We** may deny **your** claim and **void your** policy if **you** conceal material information or make any material misrepresentation in **your** claim.

16. INSTALLMENT PAYMENT SERVICE CHARGE

If **you** elect to pay **your** premium in installments, **we** will charge **you** the installment fee listed on the Declarations Page or Renewal Certificate of **your** policy, per each installment payment.

SAMPLE



VETERINARY PET INSURANCE VPI® MEDICAL PLAN BENEFIT SCHEDULE

(Effective 1-09. Subject to change)

Column A Primary Allowance is the benefit limit for the primary **condition** or **procedure**. This includes exam, diagnostic testing, prescriptions, injections, hospitalization, treatment, anesthesia and surgery.

Column B Secondary Allowance is the benefit limit for the **condition** or **procedure** that is treated along with the Primary Diagnosis **condition** or **procedure**.

Code	Diagnosis	A Primary Allowance	B Secondary Allowance
CARDIOVASCULAR SYSTEM (Heart & Vessels)			
Conditions			
1101	Arrhythmia or Syncope	\$240	\$95
1102	Thromboembolism	745	295
1103	Acquired Cardiomyopathy	380	150
1105	Myocarditis or Endocarditis or Pericarditis	335	135
1107	Congestive Heart Failure	0	115
1108	Valvular Heart Disease or Murmur	330	130
1106	Pericardial Effusion	0	180
1111	Cardiovascular Collapse (Shock)	0	175
1123	Heart and Pericardium Neoplasia-Medical	345	140
1125	Peripheral Vessel Neoplasia-Medical	315	125
Procedures			
1114	Pacemaker	\$0	\$1000
1122	Pericardectomy or Pericardial Window	0	290
1104	Heart and Pericardium Neoplasia-Surgical	0	1145
1109	Peripheral Vessel Neoplasia-Surgical	0	445
DIGESTIVE SYSTEM			
Oral Cavity			
Conditions			
1402	Tonsillitis or Pharyngitis	\$135	\$55
2510	Ulcerative Stomatitis	160	65
2512	Acquired Oronasal Fistula	0	160
2520	Tooth Resorption	145	55
2505	Oral Trauma or Fractured Tooth	365	145
2502	Tooth Infection, Cavity or Abscess	315	100
2503	Carnassial or Canine Tooth Infection, Cavity or Abscess	300	120
2522	Retropharyngeal Abscess	85	85
2508	Oral Foreign Object(s)	220	85
2521	Benign Oral Neoplasia-Medical	225	90
2525	Malignant Oral Neoplasia-Medical	325	130
Procedures			
2514	Tooth Extraction(s)	\$0	\$250
2524	Carnassial or Canine Tooth Extraction(s)	0	275
2511	Root Canal Therapy	0	490
1407	Tonsillectomy	0	315
2526	Benign Oral Neoplasia-Surgical	0	125
2504	Malignant Oral Neoplasia-Surgical	0	255
Salivary Gland			
Conditions			
2601	Sialocele-Medical	\$180	\$70
2605	Salivary Gland Abscess or Granuloma	295	115
2606	Salivary Gland Neoplasia-Medical	335	135
Procedures			
2602	Sialocele-Surgical	\$0	\$655
2604	Salivary Gland Neoplasia-Surgical	0	555
Esophagus			
Conditions			
1202	Esophagitis	\$190	\$75
1201	Acquired Esophageal Dysfunction-Medical	315	125
1203	Esophageal Foreign Object(s)-Medical	250	100
4001	Esophageal Neoplasia-Medical	310	125
Procedures			
1209	Acquired Esophageal Dysfunction-Surgical	\$0	\$200
1205	Esophageal Foreign Object(s)-Surgical	0	355
1207	Esophageal Neoplasia-Surgical	0	355
Abdominal Wall			
Conditions			
1211	Peritonitis-Medical	\$445	\$175
1214	Abdominal Wall Disruption	485	195
1218	Peritoneal Neoplasia-Medical	290	115
Procedures			
1212	Peritonitis-Surgical	\$0	\$540
1217	Exploratory-Surgical	0	325
1213	Peritoneal Neoplasia-Surgical	0	290

Code	Diagnosis	A Primary Allowance	B Secondary Allowance
Stomach			
Conditions			
1222	Gastropathy	\$430	\$170
1226	Gastric Ulcer	390	155
1230	Hemorrhagic Gastroenteritis	485	195
1220	Gastric Foreign Object(s)-Medical	310	125
1228	Acquired Pyloric Hypertrophy-Medical	250	100
1223	Gastric Dilatation-Medical	360	140
1229	Stomach Neoplasia-Medical	325	130
Procedures			
1235	Feeding Tube	\$0	\$115
1221	Gastric Foreign Object(s)-Surgical	0	750
1227	Acquired Pyloric Hypertrophy-Surgical	0	510
1224	Gastric Torsion-Surgical	0	1035
1225	Stomach Neoplasia-Surgical	0	565
Small Intestine			
Conditions			
1241	Enteropathy	\$315	\$185
1240	Endotoxic Shock	0	165
1249	IBD or Acquired Lymphangiectasia (Biopsy Required)	580	230
1242	Intestinal Foreign Object(s)-Medical	310	125
1244	Intussusception-Medical	185	75
4005	Small Intestine Neoplasia-Medical	390	155
Procedures			
1243	Intestinal Foreign Object(s)-Surgical	\$0	\$765
1248	Intestinal Resection and Anastomosis or Enteroplication	0	630
1247	De-Rotation of Intestinal Volvulus	0	150
1246	Small Intestine Neoplasia-Surgical	0	465
Large Intestine			
Conditions			
1250	Colitis	\$240	\$95
4011	Constipation	240	95
1251	Acquired Megacolon	205	80
1257	Rectal Prolapse	175	70
4012	Large Intestine Neoplasia-Medical	390	155
Procedures			
4013	Large Intestine Disorder-Surgical	\$0	\$540
1255	Large Intestine Neoplasia-Surgical	0	540
Perineal			
Conditions			
1262	Perianal or Perineal Fistula-Medical	\$195	\$75
4022	Perineal Hernia-Medical	155	60
4023	Perineal Neoplasia-Medical	220	90
4025	Anal Sac Neoplasia-Medical	190	75
Procedures			
1263	Perianal or Perineal Fistula-Surgical	\$0	\$340
1264	Perineal Hernia-Surgical	0	405
1265	Perineal Neoplasia-Surgical	0	220
4021	Anal Sac Neoplasia-Surgical	0	275
PANCREATIC, CHOLANGIO & HEPATIC (Pancreas, Gall Bladder & Liver)			
Pancreas			
Conditions			
1270	Pancreatitis	\$580	\$230
1271	Acquired Exocrine Pancreatic Insufficiency	185	75
2950	Diabetes Mellitus	435	175
2953	Ketoacidosis	0	450
1272	Pancreatic Cyst or Abscess-Medical	0	205
2952	Pancreatic Neoplasia-Medical	330	130
Procedures			
1274	Pancreatic Cyst or Abscess-Surgical	\$0	\$315
2951	Pancreatic Neoplasia-Surgical	0	395
Gall Bladder			
Conditions			
1281	Gall Bladder Disorder-Medical	\$280	\$110
1284	Gall Bladder Neoplasia-Medical	315	125
Procedures			
1280	Gall Bladder Disorder-Surgical	\$0	\$895
1283	Gall Bladder Neoplasia-Surgical	0	895
Liver			
Conditions			
1290	Hepatopathy	\$360	\$145
1297	Hepatic Encephalopathy	0	120
1293	Hepatic Abscess	365	145
4041	Hepatic Neoplasia-Medical	285	115
Procedures			
4042	Hepatic Biopsy	\$0	\$150
1294	Partial or Complete Hepatic Lobectomy-Surgical	0	665
1292	Hepatic Neoplasia-Surgical (Lobectomy)	0	665

		A	B
Code	Diagnosis	Primary Allowance	Secondary Allowance
DERMATOLOGY (Skin)			
Wounds			
Conditions			
1304	Puncture(s)	\$240	\$95
1305	Abrasion(s)	175	70
1307	Burn(s)	125	50
1308	Seroma or Hematoma	135	50
1302	Laceration or Bite Wound	375	150
1303	Lacerations or Bite Wounds (Multiple)	485	195
1306	Dermal Abscess or Granuloma or Pressure Ulcer	195	75
1301	Dermal Foreign Object(s)	185	70
1313	Degloving Injury	0	320
Procedures			
1311	Dehiscence Repair	\$0	\$190
1310	Skin Graft	0	225
Dermatoses			
Conditions			
1366	Dermatopathy	\$280	\$110
1322	Atopic or Other Allergic Dermatitis	280	110
1323	Fungal Skin Disease	135	50
1326	Pyoderma and/or Hot Spot	200	80
1328	Lick Granuloma	140	55
1331	Immune Mediated Skin Disease	240	95
1332	Eosinophilic Granuloma Complex	150	60
1346	Toe Nail Disease	190	75
1367	Solar Dermatitis	130	50
1321	Cellulitis or Subcutaneous Emphysema	130	50
1368	Hepatocutaneous Syndrome	0	55
1369	Benign Skin Neoplasia-Medical	225	90
1370	Malignant Skin Neoplasia-Medical	300	120
Procedures			
1329	Benign Skin Neoplasia-Surgical	\$0	\$480
1336	Malignant Skin Neoplasia-Surgical	0	480
RESPIRATORY SYSTEM (Airways & Lungs)			
Nasal Cavity			
Conditions			
2401	Rhinitis or Sinusitis or Canine Upper Respiratory Infection	\$175	\$85
2404	Nasal or Sinus Trauma	180	70
2403	Nasal Cavity Foreign Object(s)	230	90
2405	Nasal or Sinus Neoplasia-Medical	290	115
Procedure			
2406	Nasal or Sinus Neoplasia-Surgical	\$0	\$190
Upper Airway			
Conditions			
1408	Laryngitis or Tracheitis	\$130	\$50
1405	Upper Airway Trauma(s)-Medical	265	105
1401	Upper Airway Foreign Object(s)-Medical	210	80
1409	Laryngeal Paralysis-Medical	280	110
1427	Upper Airway Neoplasia-Medical	270	105
Procedures			
1428	Upper Airway Trauma(s)-Surgical	\$0	\$125
1410	Laryngeal Paralysis-Surgical	0	950
1423	Upper Airway Foreign Object(s)-Surgical	0	240
1406	Upper Airway Neoplasia-Surgical	0	460
Thorax (Chest)			
Conditions			
1442	Asthma or Allergic Bronchitis	\$220	\$90
1447	Pneumonia	305	120
1441	Pulmonary Edema	0	165
1440	Pulmonary Contusions	0	155
1444	Pleural Effusion	0	215
1460	Interstitial Lung Disease	205	85
1451	Mediastinal Disease	460	185
1454	Pyothorax	1135	455
1455	Chylothorax	1135	455
1462	Thoracic Foreign Object(s)-Medical	315	125
1448	Lung Consolidation or Torsion	260	105
1449	Pneumothorax or Pulmonary Bulla	445	180
1453	Thoracic Neoplasia-Medical	280	110
Procedures			
1446	Traumatic Diaphragmatic Hernia-Surgical	\$0	\$800
1458	Chest Tube	0	415
1450	Thoracic Foreign Object(s)-Surgical	0	1145
1445	Thoracic Neoplasia-Surgical	0	1145
1461	Lung Lobectomy	0	1145
REPRODUCTIVE SYSTEM			
Vaginal			
Conditions			
1501	Vaginitis	\$120	\$45
1505	Vaginal Trauma	255	100
1504	Vaginal Foreign Object(s)	220	85
1515	Vaginal Neoplasia-Medical	205	80

		A	B
Code	Diagnosis	Primary Allowance	Secondary Allowance
Procedure			
1506	Vaginal Neoplasia-Surgical	\$0	\$210
Uterine			
Conditions			
1510	Pyometra or Metritis-Medical	\$225	\$90
1516	Uterine or Ovarian Neoplasia-Medical	200	80
Procedures			
1517	Remnant Ovary-Surgical	\$0	\$325
1511	Pyometra or Metritis-Surgical	0	520
1513	Uterine or Ovarian Neoplasia-Surgical	0	325
Mammary Gland			
Conditions			
1520	Mastitis	\$150	\$60
1527	Mammary Neoplasia-Medical	185	75
Procedures			
1526	Mammary Neoplasia-Simple Mastectomy	\$0	\$150
1521	Mammary Neoplasia-Regional or Partial Mastectomy	0	330
1522	Mammary Neoplasia-Unilateral or Complete Mastectomy	0	590
Scrotal & Testicular			
Conditions			
1531	Orchitis or Epididymitis	\$235	\$95
1532	Testicular Torsion or Trauma	315	125
1536	Testicular Neoplasia-Medical	160	65
Procedures			
1533	Scrotal Ablation	\$0	\$85
1530	Testicular Neoplasia-Surgical (Includes Castration)	0	160
Penis & Prepuce			
Conditions			
1540	Paraphimosis or Phimosis	\$155	\$60
1544	Balanoposthitis	115	45
1541	Penile Trauma	160	60
1543	Penile or Preputial Foreign Object(s)	210	80
1545	Penile Neoplasia-Medical	130	55
Procedure			
1542	Penile Neoplasia-Surgical	\$0	\$290
Prostate			
Conditions			
1551	Prostatitis or Benign Prostatic Hypertrophy-Medical	\$215	\$85
1553	Prostatic Neoplasia-Medical	250	100
Procedures			
1554	Prostatic Biopsy	\$0	\$150
1552	Prostatitis or Benign Prostatic Hypertrophy-Surgical (Includes Castration)	0	160
1550	Prostatectomy or Prostatic Neoplasia-Surgical (Includes Castration)	0	390
CHEMICAL & PHYSICAL			
(Poisonings, Toxicities, Reactions & Accidents)			
Chemical			
Conditions			
1601	Metaldehyde Toxicity (Snail & Slug Bait)	\$450	\$180
1602	Strychnine Toxicity (Pesticide)	255	100
1603	Ethylene Glycol Toxicity (Antifreeze)	455	180
1604	Insecticide Poisoning	245	95
1605	Rodenticide Toxicity (Pesticide)	320	125
1606	Household Chemicals Toxicity (Detergents, Cleaners)	215	85
1608	Toad Poisoning	185	70
1609	Poisoning of Plant Origin	290	115
1611	Drug Toxicity or Overdose	440	175
1612	Methylxanthine Toxicity (Chocolate, Caffeine)	235	95
1613	Alcohol Toxicity	260	100
1615	Heavy Metals Toxicity (Lead, Zinc)	375	150
1619	Other Toxicity	350	140
Procedure			
1618	Gastric Lavage for Toxin Ingestion	\$0	\$140
Physical			
Conditions			
1650	Insect Bites and Stings	\$240	\$95
1651	Snakebite	275	110
1662	Wild Mammal Encounter	165	65
1663	Crushing or Blunt Trauma	240	95
1664	Strangulation	165	65
1652	Near Drowning	195	75
1665	Smoke or Inhalation Toxicity	390	155
1653	Heat Stroke (Hyperthermia)	350	140
1654	Hypothermia	170	65
1655	Frostbite	320	125
1656	Electric Shock	180	70
1657	Hypoglycemia	225	90
1661	Systemic Allergic Reaction	195	80
1666	Anaphylactic Shock	260	105

Code	Diagnosis	A Primary Allowance	B Secondary Allowance
Procedure			
1658	Anti-Venom or Antizol	\$0	\$395
URINARY SYSTEM			
Renal (Kidney)			
Conditions			
1724	Pyelonephritis	\$285	\$110
1703	Nephrotic Syndrome	200	80
1718	Acute Renal Failure	340	135
1716	Chronic Renal Failure	340	135
1709	Glomerulonephritis	340	135
1701	Nephrolithiasis or Ureterolithiasis	210	85
1719	Renal Neoplasia-Medical	200	80
Procedures			
1720	Dialysis or Hemofiltration	\$0	\$450
1706	Renal Biopsy	0	150
1707	Acquired Renal or Ureter Disorder-Surgical	0	1145
1715	Kidney Transplant	0	1145
1721	Renal Neoplasia-Surgical	0	1145
Bladder			
Conditions			
1806	Acquired Urinary Incontinence or Atony	\$230	\$90
1802	Canine Cystitis	415	165
1805	Feline Cystitis or FLUTD-Medical	415	165
1809	Urolithiasis-Medical	180	70
1807	Bladder Neoplasia-Medical	280	110
Procedures			
1820	Feline Cystitis or FLUTD-Obstructed Male	\$0	\$230
1801	Acquired Bladder Disorder-Surgical	0	745
1803	Traumatic Bladder Rupture-Surgical	0	360
1804	Bladder Neoplasia-Surgical	0	185
Urethra			
Conditions			
1901	Urethrolithiasis-Medical	\$205	\$80
1902	Urethral Trauma-Medical	200	80
1912	Urethral Neoplasia-Medical	270	105
Procedures			
1911	Urethrotomy or Urethral Trauma-Surgical	\$0	\$225
1903	Perineal Urethrostomy	0	1130
1905	Urethral Neoplasia-Surgical	0	625
INFECTIOUS (Virus, Bacteria & Fungus)			
Conditions			
2001	Papillomatosis	\$150	\$60
2003	Canine Parvovirus	650	260
2005	Canine Coronavirus	210	85
2006	Feline Upper Respiratory Disease Complex	260	105
1452	Tracheobronchitis or Kennel Cough	255	100
2007	Feline Infectious Peritonitis (FIP)	245	95
2008	Haemobartonella (Mycoplasmosis)	175	70
2009	Feline Panleukopenia Virus (FPV)	300	120
2010	Canine Distemper	425	170
2013	Brucecellosis	170	65
2014	Leptospirosis	445	180
2015	Tetanus	435	175
2016	Botulism	390	155
2017	Coccidioidomycosis (Valley Fever)	325	130
2019	Feline Leukemia Virus (FeLV)	150	60
2021	Ehrlichia or Anaplasma or Other Rickettsial Diseases	245	95
2022	Salmon Disease	280	110
2023	Lyme Disease	165	65
2024	Rocky Mountain Spotted Fever	185	75
2039	Viral Infection-Other	180	70
2040	Blastomycosis-Systemic Mycosis	325	130
2041	Histoplasmosis-Systemic Mycosis	325	130
2042	Cryptococcosis-Systemic Mycosis	325	130
2043	Bartonella	130	50
2045	Tuberculosis or Other Mycobacteria	170	65
2046	Feline Immunodeficiency Virus (FIV)	150	60
2047	West Nile Virus	185	75
2048	Canine Influenza	200	80
2049	Systemic Mycosis-Other	325	130
OPHTHALMOLOGY (Eyes)			
Conditions			
2105	Plugged Tear Duct	\$105	\$40
2106	Corneal Edema	115	45
2131	Blepharitis	115	45
2107	Conjunctivitis	210	85
2108	Keratconjunctivitis Sicca or Keratitis	175	70
2110	Corneal Ulcer	300	120
2114	Uveitis or Retinitis	150	60
2156	Iritis or Acquired Iris Cyst	150	60
2158	Episcleritis or Scleritis	115	45
2135	Sudden Acquired Retinal Degeneration Syndrome	160	60
2119	Retrolbulbar Abscess	300	120

Code	Diagnosis	A Primary Allowance	B Secondary Allowance
2132	Ocular Trauma	135	55
2161	Corneal Sequestrum	140	55
2121	Ocular Foreign Object(s)	155	60
2165	Descemetocoele-Medical	190	75
2115	Secondary Glaucoma-Medical	225	90
2136	Secondary Cataract(s)-Medical	110	45
2138	Lens Luxation or Subluxation-Medical	150	60
2134	Retinal Detachment-Medical	225	90
2122	Meibomian Gland Disorder	115	45
2166	Eyelid Neoplasia-Medical	115	45
2167	Ocular Neoplasia-Medical	225	90
Procedures			
2111	Corneal Ulcer-Debridement or Keratotomy	\$0	\$370
2127	Corneal Ulcer-Graft or Keratectomy	0	670
2123	Proptosed Eye Replacement	0	310
2126	Enucleation or Evisceration	0	635
2112	Descemetocoele-Surgical	0	710
2116	Secondary Glaucoma-Surgical	0	785
2117	Secondary Cataract-Surgical	0	1145
2118	Lens Luxation or Subluxation-Surgical	0	400
2137	Retinal Detachment-Surgical	0	395
2120	Iris Prolapse-Surgical	0	250
2102	Eyelid Neoplasia-Surgical	0	175
2129	Ocular Neoplasia-Surgical	0	205
NEUROLOGY (Brain, Spinal Cord & Nerves)			
Conditions			
2205	Epilepsy or Seizure(s) or Idiopathic Tremor Syndrome	\$310	\$125
2213	Neuritis (Peripheral Nerve)	200	80
2240	Horner's Syndrome	200	80
2202	Polyradiculoneuritis	315	125
2204	Encephalitis or Meningitis or GME	540	215
2228	Degenerative Encephalopathy or Canine Cognitive Dysfunction	165	65
2242	Neck or Back Sprain	225	90
2206	Intervertebral Disc Disease-Medical	370	150
2217	Diskospondylitis	335	135
2218	Cauda Equina Syndrome-Medical	285	115
2210	Neurologic Trauma	305	120
2203	Myelopathy	300	120
2227	Paresis or Paralysis or Ataxia	0	115
2211	Cranial Vascular Accident or Stroke	345	135
2220	Fibrocartilaginous Embolism	320	130
2221	Vestibular Syndrome	285	115
2222	Acquired Myasthenia Gravis	505	200
2243	Peripheral Nerve Neoplasia-Medical	205	80
2215	Brain or Spinal Cord Neoplasia-Medical	305	125
Procedures			
2208	Intervertebral Disc Disease-Surgical	\$0	\$1060
2216	Cauda Equina Syndrome-Surgical	0	1060
2235	Craniotomy	0	1260
2244	Peripheral Nerve Neoplasia-Surgical	0	305
2223	Spinal Cord Neoplasia-Surgical	0	545
AURAL (Ears)			
Conditions			
2305	Otitis Externa	\$325	\$130
2306	Otitis Media or Interna	230	90
2301	Auricular Hematoma-Medical	260	105
2308	Ear Foreign Object(s)	145	55
2304	Ear Canal Neoplasia-Medical	215	85
Procedures			
2317	Auricular Hematoma-Surgical	\$0	\$225
2311	Ear Canal Neoplasia-Surgical	0	270
2307	Bulla Osteotomy	0	245
2309	Lateral or Vertical Ear Resection	0	635
2310	Total Ear Canal Ablation	0	710
MUSCULOSKELETAL			
Conditions			
2710	Immune Mediated Myositis	\$225	\$90
2777	Hypertrophic Osteodystrophy	185	70
2727	Panosteitis	185	70
2715	Osteomyelitis or Septic Joint-Medical	255	100
2724	Musculoskeletal Sprain	380	150
2729	Soft Tissue Trauma	380	150
2734	Torn Nail	335	130
2711	Degenerative Arthritis	300	120
3304	Immune Mediated Arthritis	240	95
2717	Spondylosis	200	80
2739	Tendonitis or Synovitis or Bursitis	250	100
2784	Hyperextension or Ligamentous Injury	210	85
2720	Tendon Rupture-Medical	300	120
2701	Cruciate and/or Meniscus-Medical (see policy: Section 6, D)	335	130
2704	Traumatic Elbow Luxation-Medical	320	125
2787	Traumatic Shoulder Subluxation or Luxation-Medical	270	105
2706	Traumatic Hip Luxation-Medical	380	150
2735	Hygroma-Medical	140	55
2788	Muscle Neoplasia-Medical	230	95
2725	Bone Cyst	270	105
2722	Bone or Joint Neoplasia-Medical	285	110

		A	B
Code	Diagnosis	Primary Allowance	Secondary Allowance
Procedures			
2721	Tendon Repair-Surgical	\$0	\$375
2702	Cruciate and/or Meniscus-Surgical (see policy: Section 6, D)	0	1310
2705	Traumatic Elbow Luxation-Surgical	0	355
2740	Traumatic Shoulder Subluxation or Luxation-Surgical	0	430
2708	Traumatic Hip Luxation-Surgical	0	870
2789	Bone or Joint Biopsy	0	150
2716	Osteomyelitis or Septic Joint-Surgical	0	405
2731	Dewclaw Amputation (Non-Elective)	0	125
2732	Tail Amputation	0	175
2733	Toe Amputation	0	215
2737	Fore Leg Amputation	0	450
2738	Rear Leg Amputation	0	450
2795	Limb Sparing Procedure	0	520
2741	Mandibulectomy or Maxillectomy	0	865
2736	Hygroma-Surgical	0	170
2728	Muscle Neoplasia-Surgical	0	290
2723	Bone or Joint Neoplasia-Surgical	0	775
FRACTURES			
Skull, Jaw, Scapula, Rib & Patella			
Procedures			
2801	Cage Rest	\$280	\$0
2802	Bandage	265	105
2803	Sling	285	110
2811	Wires	555	300
2812	Pins or K Wires	600	320
2813	Plate	890	435
2814	External Apparatus or Fixator	850	420
2815	Plate Removal	0	255
2816	Hardware Removal	0	160
Humerus, Femur, Radius, Ulna & Tibia			
Procedures			
2820	Bandage (RBT Jones/Temporary)	\$260	\$100
2821	Splint or Cast	355	140
2830	IM Pins/Wires/Screws	905	440
2831	Plate	1275	590
2832	External Apparatus or Fixator	980	470
2834	Bone Graft or Implant	0	200
2835	Plate Removal	0	275
2836	Hardware Removal	0	160
Pelvis & Vertebrae			
Procedures			
2840	Cage Rest	\$285	\$160
2850	IM Pins/Wires/Screws	1000	480
2851	Plate	1420	685
2852	External Apparatus or Fixator	1000	480
2853	Plate Removal	0	325
2854	Hardware Removal	0	160
Carpus, Metacarpus, Tarsus, Metatarsus & Phalanges			
Fractures or Dislocations			
Procedures			
2860	Bandage	\$195	\$75
2861	Cast or Splint	345	135
2870	IM Pins/Wires/Screws	780	390
2871	Plate Arthrodesis	0	995
2872	Plate Removal	0	255
2873	Hardware Removal	0	160
ENDOCRINOLOGY			
Adrenal			
Conditions			
2902	Addison's Disease	\$450	\$180
2961	Cushing's Disease	385	155
2904	Adrenal Neoplasia-Medical	245	100
Procedure			
2903	Adrenal Neoplasia-Surgical	\$0	\$370
Thyroid			
Conditions			
2920	Hypothyroidism	\$315	\$125
2921	Hyperthyroidism	360	145
2924	Thyroid Neoplasia-Medical	215	85
Procedures			
2923	Hyperthyroid (I-131)	\$0	\$425
2922	Thyroid Neoplasia-Surgical	0	325
Parathyroid			
Conditions			
2940	Hyperparathyroidism	\$335	\$135
2942	Hypoparathyroidism	240	95
2944	Parathyroid Neoplasia-Medical	280	110
Procedure			
2943	Parathyroid Neoplasia-Surgical	\$0	\$425

		A	B
Code	Diagnosis	Primary Allowance	Secondary Allowance
Pituitary			
Conditions			
2960	Diabetes Insipidus	\$245	\$95
2962	Pituitary Neoplasia-Medical	245	100
Procedure			
2967	Pituitary Neoplasia-Surgical	\$0	\$370
HEMATOLOGY (Blood Disorders)			
Conditions			
3001	Immune Mediated Hemolytic Anemia	\$620	\$245
3003	Heinz-Body Anemia	0	130
3004	Anemia of Chronic Disease	0	215
3005	Aplastic or Hypoplastic Anemia	630	250
3006	Acute Anemia-Injury Related	0	165
3032	Immune Mediated or Idiopathic Thrombocytopenia	395	155
3007	Myeloproliferative Disorders	410	165
3008	Leukemia	505	200
3009	Septicemia	0	225
3010	Myelodysplastic Disorders	570	225
3014	Multiple Myeloma	395	155
Procedure			
3011	Transfusion	\$0	\$290
LYMPHATIC SYSTEM			
Conditions			
3101	Lymphadenopathy	\$235	\$90
3103	Lymphosarcoma (Lymphoma)	615	245
SPLENIC (Spleen)			
Conditions			
3204	Splenomegaly	\$265	\$105
3202	Splenic Torsion-Medical	335	135
3206	Splenic Neoplasia-Medical	270	110
Procedures			
3203	Splenectomy	\$0	\$630
3201	Traumatic Splenic Rupture-Surgical (Includes Splenectomy)	0	630
3205	Splenic Neoplasia-Surgical (Includes Splenectomy)	0	630
MISCELLANEOUS			
Conditions			
7003	Complication of Spay or Neuter	\$25	\$0
7004	Orthopedic Device Removal	25	0
2020	Open or Undefined Diagnosis	210	100
7002	Ascites	0	115
1717	Hypertension	165	100
1607	Adverse Medication Reaction	0	100
3302	Systemic Lupus Erythematosus	285	110
3034	DIC or Systemic Inflammatory Response Syndrome (SIRS)	0	225
7001	Metastatic or Infiltrative Neoplasia	0	275
Specialized Procedures			
7100	Chemotherapy or Radiation Treatment	\$0	\$1000
7102	Mechanical Ventilation	0	110
7103	Tracheostomy	0	150
7104	Ultrasound Assist-Guided Procedure	0	20
7105	Laparoscopy or Thoracoscopy	0	200
7106	Spinal Tap	0	175
7107	Joint Tap(s)	0	135
7108	Bone Marrow Aspiration or Biopsy	0	175
7109	Endoscopy or Arthroscopy	0	225
1110	Cardiopulmonary Resuscitation (CPR)	0	120
1000	Euthanasia and/or Remains Care	0	65
Specialized Diagnostic Tests*			
7200	Allergy Test	\$0	\$150
7201	Contrast Radiographs	0	175
7202	Fluoroscopy	0	225
7203	Metastatic Check-Thoracic Radiograph	0	75
7204	CT Scan	0	450
7205	MRI Scan	0	750
7206	Myelogram	0	325
7207	Nuclear or Isotope Imaging	0	350
7208	Full Diagnostic Ocular or Soft Tissue Ultrasound	0	75
7209	Full Diagnostic Abdominal Ultrasound	0	200
7210	Full Diagnostic Echocardiogram or Thoracic Ultrasound	0	200

*This allowance is in addition to the primary or secondary benefit allowance as listed on this schedule. Maximum benefit for Specialized Diagnostic Tests is \$750 per policy term.