

## VETERINARY PET INSURANCE COMPANY

1800 E. Imperial Highway, Suite 145  
Brea, CA 92821

DIRECT ALL INQUIRIES AND CLAIMS TO:

DVM Insurance Agency: 1800 E. Imperial Highway, Suite 145 • Brea, CA 92821 • 800-540-2016 • 714-989-0555

### VPI® MAJOR MEDICAL PLAN COVERAGE FORM

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#### 1. INSURING AGREEMENT

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**We** will provide the benefits listed in the VPI® Major 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

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**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® Major 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

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**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

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- 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® Major 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® Major 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 \$1,500 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 \$14,000 in each policy term.
- G. Additional Coverage
  - 1. *Diagnosis or medical treatment expenses for specified ineligible conditions.* **We** will pay up to \$250 during the policy term for **veterinary services** expenses that **you** incur for the diagnosis or medical treatment of any **condition** listed in the Diagnosis or Medical Treatment for Ineligible **Conditions** section of the VPI® Major Medical Plan Benefit Schedule. **We** will not pay these expenses for any diagnosis or medical treatment provided in the first twelve (12) months that **your** policy is in effect. **We** will not pay more than \$250 during the policy term, regardless of the number of **incidents** or treatments during the policy term.
  - 2. *Surgical expenses for specified ineligible conditions.* **We** will pay up to \$500 for **veterinary services**

expenses that **you** incur for **your pet's** surgery due to any **condition** listed in the Surgical Treatment for Ineligible **Conditions** section of the VPI® Major Medical Plan Benefit Schedule. **We** will not pay these expenses for any surgery that occurs in the first twelve (12) months that **your** policy is in effect. **We** will not pay more than \$500 during the policy term, regardless of the number of **incidents** or treatments during the policy term.

3. The additional coverage provided in this section does not increase the maximum amount payable in each policy term.

## 5. DEDUCTIBLE

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**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

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**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, except as provided in section 4, G of this policy.
- 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, except as provided in section 4, G of this policy.
- 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](http://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**, except as provided in section 4, G of this policy. **We** list the **conditions** that **we** regard as **hereditary disorders, defects, or diseases** on **our** website: [www.petinsurance.com](http://www.petinsurance.com) or **you** may call **us** at 800-USA-PETS to obtain this list.
- H. Diagnosis or treatment of any **condition** listed in the: (1) Diagnosis or Medical Treatment for Ineligible **Conditions** section or (2) Surgical Treatment for Ineligible **Conditions** section of the VPI® Major Medical Plan Benefit Schedule, except as provided in section 4, G of this policy.
- 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 cesarean 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

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- 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

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- 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

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- 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

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- 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

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- 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

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**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

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**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

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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

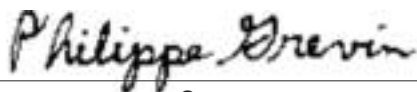
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**We** will void **your** policy from its inception if **we** discover that **you** have misrepresented or omitted any material fact and **we** relied on **your** misrepresentation or omission in issuing this policy to **you**. **We** may deny **your**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

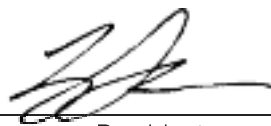
## 16. INSTALLMENT PAYMENT SERVICE CHARGE

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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.



Secretary



President



## VPI® MAJOR 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
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A	B
Primary Allowance	Secondary Allowance

#### CARDIOVASCULAR SYSTEM (Heart & Vessels)

##### Conditions

Code	Diagnosis	A	B
1101	Arrhythmia or Syncope	\$480	\$190
1102	Thromboembolism	1490	595
1103	Acquired Cardiomyopathy	760	300
1105	Myocarditis or Endocarditis or Pericarditis	675	270
1107	Congestive Heart Failure	0	230
1108	Valvular Heart Disease or Murmur	660	260
1106	Pericardial Effusion	0	360
1111	Cardiovascular Collapse (Shock)	0	350
1123	Heart and Pericardium Neoplasia-Medical	690	280
1125	Peripheral Vessel Neoplasia-Medical	630	255

##### Procedures

1114	Pacemaker	\$0	\$2005
1122	Pericardectomy or Pericardial Window	0	585
1104	Heart and Pericardium Neoplasia-Surgical	0	2295
1109	Peripheral Vessel Neoplasia-Surgical	0	895

#### DIGESTIVE SYSTEM

##### Oral Cavity

##### Conditions

1402	Tonsillitis or Pharyngitis	\$275	\$110
2510	Ulcerative Stomatitis	325	130
2512	Acquired Oronasal Fistula	0	325
2520	Tooth Resorption	295	115
2505	Oral Trauma or Fractured Tooth	730	290
2502	Tooth Infection, Cavity or Abscess	630	200
2503	Carnassial or Canine Tooth Infection, Cavity or Abscess	600	240
2522	Retropharyngeal Abscess	445	175
2508	Oral Foreign Object(s)	445	175
2521	Benign Oral Neoplasia-Medical	450	180
2525	Malignant Oral Neoplasia-Medical	650	260

##### Procedures

2514	Tooth Extraction(s)	\$0	\$500
2524	Carnassial or Canine Tooth Extraction(s)	0	550
2511	Root Canal Therapy	0	980
1407	Tonsillectomy	0	630
2526	Benign Oral Neoplasia-Surgical	0	250
2504	Malignant Oral Neoplasia-Surgical	0	510

##### Salivary Gland

##### Conditions

2601	Sialocele-Medical	\$360	\$140
2605	Salivary Gland Abscess or Granuloma	595	235
2606	Salivary Gland Neoplasia-Medical	670	270

##### Procedures

2602	Sialocele-Surgical	\$0	\$1310
2604	Salivary Gland Neoplasia-Surgical	0	1110

##### Esophagus

##### Conditions

1202	Esophagitis	\$385	\$150
1201	Acquired Esophageal Dysfunction-Medical	635	250
1203	Esophageal Foreign Object(s)-Medical	505	205
4001	Esophageal Neoplasia-Medical	620	250

##### Procedures

1209	Acquired Esophageal Dysfunction-Surgical	\$0	\$405
1205	Esophageal Foreign Object(s)-Surgical	0	710
1207	Esophageal Neoplasia-Surgical	0	710

##### Abdominal Wall

##### Conditions

1211	Peritonitis-Medical	\$890	\$355
1214	Abdominal Wall Disruption	975	390
1218	Peritoneal Neoplasia-Medical	585	235

##### Procedures

1212	Peritonitis-Surgical	\$0	\$1085
1217	Exploratory-Surgical	0	650
1213	Peritoneal Neoplasia-Surgical	0	585

Code	Diagnosis
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A	B
Primary Allowance	Secondary Allowance

#### Stomach

##### Conditions

1222	Gastropathy	\$860	\$340
1226	Gastric Ulcer	780	310
1230	Hemorrhagic Gastroenteritis	970	390
1220	Gastric Foreign Object(s)-Medical	620	250
1228	Acquired Pyloric Hypertrophy-Medical	500	200
1223	Gastric Dilatation-Medical	720	285
1229	Stomach Neoplasia-Medical	655	265

##### Procedures

1235	Feeding Tube	\$0	\$230
1221	Gastric Foreign Object(s)-Surgical	0	1500
1227	Acquired Pyloric Hypertrophy-Surgical	0	1020
1224	Gastric Torsion-Surgical	0	2070
1225	Stomach Neoplasia-Surgical	0	1130

#### Small Intestine

##### Conditions

1241	Enteropathy	\$630	\$370
1240	Endotoxic Shock	0	330
1249	IBD or Acquired Lymphangiectasia (Biopsy Required)	1160	460
1242	Intestinal Foreign Object(s)-Medical	625	250
1244	Intussusception-Medical	375	150
4005	Small Intestine Neoplasia-Medical	780	315

##### Procedures

1243	Intestinal Foreign Object(s)-Surgical	\$0	\$1530
1248	Intestinal Resection and Anastomosis or Enteroplication	0	1260
1247	De-Rotation of Intestinal Volvulus	0	300
1246	Small Intestine Neoplasia-Surgical	0	930

#### Large Intestine

##### Conditions

1250	Colitis	\$480	\$190
4011	Constipation	480	190
1251	Acquired Megacolon	415	165
1257	Rectal Prolapse	350	140
4012	Large Intestine Neoplasia-Medical	780	315

##### Procedures

4013	Large Intestine Disorder-Surgical	\$0	\$1085
1255	Large Intestine Neoplasia-Surgical	0	1085

#### Perineal

##### Conditions

1262	Perianal or Perineal Fistula-Medical	\$395	\$155
4022	Perineal Hernia-Medical	315	125
4023	Perineal Neoplasia-Medical	440	180
4025	Anal Sac Neoplasia-Medical	380	155

##### Procedures

1263	Perianal or Perineal Fistula-Surgical	\$0	\$680
1264	Perineal Hernia-Surgical	0	810
1265	Perineal Neoplasia-Surgical	0	440
4021	Anal Sac Neoplasia-Surgical	0	550

#### PANCREATIC, CHOLANGIO & HEPATIC (Pancreas, Gall Bladder & Liver)

##### Pancreas

##### Conditions

1270	Pancreatitis	\$1160	\$460
1271	Acquired Exocrine Pancreatic Insufficiency	375	150
2950	Diabetes Mellitus	870	350
2953	Ketoacidosis	0	900
1272	Pancreatic Cyst or Abscess-Medical	0	410
2952	Pancreatic Neoplasia-Medical	660	265

##### Procedures

1274	Pancreatic Cyst or Abscess-Surgical	\$0	\$630
2951	Pancreatic Neoplasia-Surgical	0	790

##### Gall Bladder

##### Conditions

1281	Gall Bladder Disorder-Medical	\$565	\$225
1284	Gall Bladder Neoplasia-Medical	630	255

##### Procedures

1280	Gall Bladder Disorder-Surgical	\$0	\$1795
1283	Gall Bladder Neoplasia-Surgical	0	1795

##### Liver

##### Conditions

1290	Hepatopathy	\$720	\$290
1297	Hepatic Encephalopathy	0	245
1293	Hepatic Abscess	730	295
4041	Hepatic Neoplasia-Medical	570	230

##### Procedures

4042	Hepatic Biopsy	\$0	\$300
1294	Partial or Complete Hepatic Lobectomy-Surgical	0	1335
1292	Hepatic Neoplasia-Surgical (Lobectomy)	0	1335

Code	Diagnosis	A Primary Allowance	B Secondary Allowance
<b>DERMATOLOGY (Skin)</b>			
<b>Wounds</b>			
<b>Conditions</b>			
1304	Puncture(s)	\$480	\$190
1305	Abrasion(s)	350	140
1307	Burn(s)	255	100
1308	Seroma or Hematoma	270	105
1302	Laceration or Bite Wound	750	300
1303	Lacerations or Bite Wounds (Multiple)	970	390
1306	Dermal Abscess or Granuloma or Pressure Ulcer	390	155
1301	Dermal Foreign Object(s)	370	145
1313	Degloving Injury	0	640
<b>Procedures</b>			
1311	Dehiscence Repair	\$0	\$385
1310	Skin Graft	0	450
<b>Dermatoses</b>			
<b>Conditions</b>			
1366	Dermatopathy	\$560	\$220
1322	Atopic or Other Allergic Dermatitis	560	220
1323	Fungal Skin Disease	270	105
1326	Pyoderma and/or Hot Spot	400	160
1328	Lick Granuloma	285	110
1331	Immune Mediated Skin Disease	485	190
1332	Eosinophilic Granuloma Complex	305	120
1346	Toe Nail Disease	385	150
1367	Solar Dermatitis	260	100
1321	Cellulitis or Subcutaneous Emphysema	265	105
1368	Hepatocutaneous Syndrome	0	110
1369	Benign Skin Neoplasia-Medical	450	180
1370	Malignant Skin Neoplasia-Medical	600	240
<b>Procedures</b>			
1329	Benign Skin Neoplasia-Surgical	\$0	\$960
1336	Malignant Skin Neoplasia-Surgical	0	960
<b>RESPIRATORY SYSTEM (Airways &amp; Lungs)</b>			
<b>Nasal Cavity</b>			
<b>Conditions</b>			
2401	Rhinitis or Sinusitis or Canine Upper Respiratory Infection	\$355	\$170
2404	Nasal or Sinus Trauma	365	145
2403	Nasal Cavity Foreign Object(s)	460	180
2405	Nasal or Sinus Neoplasia-Medical	580	235
<b>Procedure</b>			
2406	Nasal or Sinus Neoplasia-Surgical	\$0	\$380
<b>Upper Airway</b>			
<b>Conditions</b>			
1408	Laryngitis or Tracheitis	\$265	\$105
1405	Upper Airway Trauma(s)-Medical	530	210
1401	Upper Airway Foreign Object(s)-Medical	420	165
1409	Laryngeal Paralysis-Medical	565	225
1427	Upper Airway Neoplasia-Medical	540	215
<b>Procedures</b>			
1428	Upper Airway Trauma(s)-Surgical	\$0	\$250
1410	Laryngeal Paralysis-Surgical	0	1905
1423	Upper Airway Foreign Object(s)-Surgical	0	485
1406	Upper Airway Neoplasia-Surgical	0	925
<b>Thorax (Chest)</b>			
<b>Conditions</b>			
1442	Asthma or Allergic Bronchitis	\$440	\$180
1447	Pneumonia	610	240
1441	Pulmonary Edema	0	330
1440	Pulmonary Contusions	0	310
1444	Pleural Effusion	0	435
1460	Interstitial Lung Disease	415	170
1451	Mediastinal Disease	925	370
1454	Pyothorax	2275	910
1455	Chylothorax	2275	910
1462	Thoracic Foreign Object(s)-Medical	630	255
1448	Lung Consolidation or Torsion	525	210
1449	Pneumothorax or Pulmonary Bulla	895	360
1453	Thoracic Neoplasia-Medical	560	220
<b>Procedures</b>			
1446	Traumatic Diaphragmatic Hernia-Surgical	\$0	\$1600
1458	Chest Tube	0	830
1450	Thoracic Foreign Object(s)-Surgical	0	2295
1445	Thoracic Neoplasia-Surgical	0	2295
1461	Lung Lobectomy	0	2295
<b>REPRODUCTIVE SYSTEM</b>			
<b>Vaginal</b>			
<b>Conditions</b>			
1501	Vaginitis	\$240	\$95
1505	Vaginal Trauma	515	205
1504	Vaginal Foreign Object(s)	440	175
1515	Vaginal Neoplasia-Medical	415	165

Code	Diagnosis	A Primary Allowance	B Secondary Allowance
<b>Procedure</b>			
1506	Vaginal Neoplasia-Surgical	\$0	\$420
<b>Uterine</b>			
<b>Conditions</b>			
1510	Pyometra or Metritis-Medical	\$455	\$180
1516	Uterine or Ovarian Neoplasia-Medical	405	165
<b>Procedures</b>			
1517	Remnant Ovary-Surgical	\$0	\$650
1511	Pyometra or Metritis-Surgical	0	1040
1513	Uterine or Ovarian Neoplasia-Surgical	0	650
<b>Mammary Gland</b>			
<b>Conditions</b>			
1520	Mastitis	\$305	\$120
1527	Mammary Neoplasia-Medical	375	150
<b>Procedures</b>			
1526	Mammary Neoplasia-Simple Mastectomy	\$0	\$305
1521	Mammary Neoplasia-Regional or Partial Mastectomy	0	665
1522	Mammary Neoplasia-Unilateral or Complete Mastectomy	0	1180
<b>Scrotal &amp; Testicular</b>			
<b>Conditions</b>			
1531	Orchitis or Epididymitis	\$475	\$190
1532	Testicular Torsion or Trauma	635	250
1536	Testicular Neoplasia-Medical	320	130
<b>Procedures</b>			
1533	Scrotal Ablation	\$0	\$170
1530	Testicular Neoplasia-Surgical (Includes Castration)	0	320
<b>Penis &amp; Prepuce</b>			
<b>Conditions</b>			
1540	Paraphimosis or Phimosis	\$315	\$125
1544	Balanoposthitis	230	90
1541	Penile Trauma	320	125
1543	Penile or Preputial Foreign Object(s)	420	165
1545	Penile Neoplasia-Medical	265	110
<b>Procedure</b>			
1542	Penile Neoplasia-Surgical	\$0	\$585
<b>Prostate</b>			
<b>Conditions</b>			
1551	Prostatitis or Benign Prostatic Hypertrophy-Medical	\$435	\$170
1553	Prostatic Neoplasia-Medical	505	205
<b>Procedures</b>			
1554	Prostatic Biopsy	\$0	\$300
1552	Prostatitis or Benign Prostatic Hypertrophy-Surgical (Includes Castration)	0	320
1550	Prostatectomy or Prostatic Neoplasia-Surgical (Includes Castration)	0	780
<b>CHEMICAL &amp; PHYSICAL</b>			
<b>(Poisonings, Toxicities, Reactions &amp; Accidents)</b>			
<b>Chemical</b>			
<b>Conditions</b>			
1601	Metaldehyde Toxicity (Snail & Slug Bait)	\$900	\$360
1602	Strychnine Toxicity (Pesticide)	515	205
1603	Ethylene Glycol Toxicity (Antifreeze)	915	365
1604	Insecticide Poisoning	495	195
1605	Rodenticide Toxicity (Pesticide)	645	255
1606	Household Chemicals Toxicity (Detergents, Cleaners)	435	170
1608	Toad Poisoning	370	145
1609	Poisoning of Plant Origin	585	230
1611	Drug Toxicity or Overdose	880	350
1612	Methylxanthine Toxicity (Chocolate, Caffeine)	475	190
1613	Alcohol Toxicity	520	205
1615	Heavy Metals Toxicity (Lead, Zinc)	750	300
1619	Other Toxicity	700	280
<b>Procedure</b>			
1618	Gastric Lavage for Toxin Ingestion	\$0	\$285
<b>Physical</b>			
<b>Conditions</b>			
1650	Insect Bites and Stings	\$480	\$190
1651	Snakebite	550	220
1662	Wild Mammal Encounter	330	130
1663	Crushing or Blunt Trauma	480	190
1664	Strangulation	330	130
1652	Near Drowning	390	155
1665	Smoke or Inhalation Toxicity	780	310
1653	Heat Stroke (Hyperthermia)	700	280
1654	Hypothermia	345	135
1655	Frostbite	640	255
1656	Electric Shock	360	140
1657	Hypoglycemia	455	180
1661	Systemic Allergic Reaction	395	160
1666	Anaphylactic Shock	525	210

Code	Diagnosis	A Primary Allowance	B Secondary Allowance
<b>Procedure</b>			
1658	Anti-Venom or Antizol	\$0	\$795
<b>URINARY SYSTEM</b>			
<b>Renal (Kidney)</b>			
<b>Conditions</b>			
1724	Pyelonephritis	\$570	\$225
1703	Nephrotic Syndrome	400	160
1718	Acute Renal Failure	680	270
1716	Chronic Renal Failure	680	270
1709	Glomerulonephritis	680	270
1701	Nephrolithiasis or Ureterolithiasis	425	170
1719	Renal Neoplasia-Medical	405	165
<b>Procedures</b>			
1720	Dialysis or Hemofiltration	\$0	\$900
1706	Renal Biopsy	0	300
1707	Acquired Renal or Ureter Disorder-Surgical	0	2295
1715	Kidney Transplant	0	2295
1721	Renal Neoplasia-Surgical	0	2295
<b>Bladder</b>			
<b>Conditions</b>			
1806	Acquired Urinary Incontinence or Atony	\$460	\$180
1802	Canine Cystitis	830	330
1805	Feline Cystitis or FLUTD-Medical	830	330
1809	Urolithiasis-Medical	365	145
1807	Bladder Neoplasia-Medical	560	225
<b>Procedures</b>			
1820	Feline Cystitis or FLUTD-Obstructed Male	\$0	\$465
1801	Acquired Bladder Disorder-Surgical	0	1490
1803	Traumatic Bladder Rupture-Surgical	0	720
1804	Bladder Neoplasia-Surgical	0	375
<b>Urethra</b>			
<b>Conditions</b>			
1901	Urethrolithiasis-Medical	\$410	\$165
1902	Urethral Trauma-Medical	405	165
1912	Urethral Neoplasia-Medical	540	215
<b>Procedures</b>			
1911	Urethrotomy or Urethral Trauma-Surgical	\$0	\$450
1903	Perineal Urethrostomy	0	2260
1905	Urethral Neoplasia-Surgical	0	1250
<b>INFECTIOUS (Virus, Bacteria &amp; Fungus)</b>			
<b>Conditions</b>			
2001	Papillomatosis	\$305	\$120
2003	Canine Parvovirus	1305	520
2005	Canine Coronavirus	425	170
2006	Feline Upper Respiratory Disease Complex	520	210
1452	Tracheobronchitis or Kennel Cough	510	200
2007	Feline Infectious Peritonitis (FIP)	490	195
2008	Haemobartonella (Mycoplasmosis)	350	140
2009	Feline Panleukopenia Virus (FPV)	605	240
2010	Canine Distemper	855	340
2013	Brucellosis	345	135
2014	Leptospirosis	890	360
2015	Tetanus	875	350
2016	Botulism	780	310
2017	Coccidioidomycosis (Valley Fever)	650	260
2019	Feline Leukemia Virus (FeLV)	305	120
2021	Ehrlichia or Anaplasma or Other Rickettsial Diseases	490	195
2022	Salmon Disease	560	220
2023	Lyme Disease	335	130
2024	Rocky Mountain Spotted Fever	375	150
2039	Viral Infection-Other	360	140
2040	Blastomycosis-Systemic Mycosis	650	260
2041	Histoplasmosis-Systemic Mycosis	650	260
2042	Cryptococcosis-Systemic Mycosis	650	260
2043	Bartonella	265	105
2045	Tuberculosis or Other Mycobacteria	345	135
2046	Feline Immunodeficiency Virus (FIV)	305	120
2047	West Nile Virus	375	150
2048	Canine Influenza	405	160
2049	Systemic Mycosis-Other	650	260
<b>OPHTHALMOLOGY (Eyes)</b>			
<b>Conditions</b>			
2105	Plugged Tear Duct	\$210	\$80
2106	Corneal Edema	230	90
2131	Blepharitis	230	90
2107	Conjunctivitis	420	170
2108	Keratoconjunctivitis Sicca or Keratitis	350	140
2110	Corneal Ulcer	600	240
2114	Uveitis or Retinitis	305	120
2156	Iritis or Acquired Iris Cyst	305	120
2158	Episcleritis or Scleritis	235	90
2135	Sudden Acquired Retinal Degeneration Syndrome	320	125
2119	Retrolbulbar Abscess	605	240

Code	Diagnosis	A Primary Allowance	B Secondary Allowance
2132	Ocular Trauma	\$275	\$110
2161	Corneal Sequestrum	280	110
2121	Ocular Foreign Object(s)	310	120
2165	Descemetocele-Medical	380	155
2115	Secondary Glaucoma-Medical	450	180
2136	Secondary Cataract(s)-Medical	225	90
2138	Lens Luxation or Subluxation-Medical	300	120
2134	Retinal Detachment-Medical	450	180
2122	Meibomian Gland Disorder	235	95
2166	Eyelid Neoplasia-Medical	235	95
2167	Ocular Neoplasia-Medical	450	180
<b>Procedures</b>			
2111	Corneal Ulcer-Debridement or Keratotomy	\$0	\$740
2127	Corneal Ulcer-Graft or Keratectomy	0	1340
2123	Proposed Eye Replacement	0	625
2126	Enucleation or Evisceration	0	1275
2112	Descemetocele-Surgical	0	1425
2116	Secondary Glaucoma-Surgical	0	1570
2117	Secondary Cataract-Surgical	0	2295
2118	Lens Luxation or Subluxation-Surgical	0	805
2137	Retinal Detachment-Surgical	0	790
2120	Iris Prolapse-Surgical	0	505
2102	Eyelid Neoplasia-Surgical	0	350
2129	Ocular Neoplasia-Surgical	0	410
<b>NEUROLOGY (Brain, Spinal Cord &amp; Nerves)</b>			
<b>Conditions</b>			
2205	Epilepsy or Seizure(s) or Idiopathic Tremor Syndrome	\$620	\$250
2213	Neuritis (Peripheral Nerve)	400	160
2240	Horner's Syndrome	400	160
2202	Polyradiculoneuritis	635	250
2204	Encephalitis or Meningitis or GME	1080	430
2228	Degenerative Encephalopathy or Canine Cognitive Dysfunction	335	130
2242	Neck or Back Sprain	450	180
2206	Intervertebral Disc Disease-Medical	740	300
2217	Diskospondylitis	675	270
2218	Cauda Equina Syndrome-Medical	575	230
2210	Neurologic Trauma	615	245
2203	Myelopathy	600	240
2227	Paresis or Paralysis or Ataxia	0	230
2211	Cranial Vascular Accident or Stroke	695	275
2220	Fibrocartilaginous Embolism	640	260
2221	Vestibular Syndrome	575	230
2222	Acquired Myasthenia Gravis	1010	400
2243	Peripheral Nerve Neoplasia-Medical	410	165
2215	Brain or Spinal Cord Neoplasia-Medical	615	250
<b>Procedures</b>			
2208	Intervertebral Disc Disease-Surgical	\$0	\$2120
2216	Cauda Equina Syndrome-Surgical	0	2120
2235	Craniotomy	0	2520
2244	Peripheral Nerve Neoplasia-Surgical	0	610
2223	Spinal Cord Neoplasia-Surgical	0	1095
<b>AURAL (Ears)</b>			
<b>Conditions</b>			
2305	Otitis Externa	\$650	\$260
2306	Otitis Media or Interna	460	185
2301	Auricular Hematoma-Medical	525	210
2308	Ear Foreign Object(s)	295	115
2304	Ear Canal Neoplasia-Medical	435	175
<b>Procedures</b>			
2317	Auricular Hematoma-Surgical	\$0	\$450
2311	Ear Canal Neoplasia-Surgical	0	540
2307	Bulla Osteotomy	0	490
2309	Lateral or Vertical Ear Resection	0	1275
2310	Total Ear Canal Ablation	0	1425
<b>MUSCULOSKELETAL</b>			
<b>Conditions</b>			
2710	Immune Mediated Myositis	\$455	\$180
2777	Hypertrophic Osteodystrophy	370	145
2727	Panosteitis	370	145
2715	Osteomyelitis or Septic Joint-Medical	510	200
2724	Musculoskeletal Sprain	760	300
2729	Soft Tissue Trauma	760	300
2734	Torn Nail	670	260
2711	Degenerative Arthritis	600	240
3304	Immune Mediated Arthritis	480	190
2717	Spondylosis	405	160
2739	Tendonitis or Synovitis or Bursitis	500	200
2784	Hyperextension or Ligamentous Injury	425	170
2720	Tendon Rupture-Medical	605	240
2701	Cruciate and/or Meniscus-Medical (see policy: Section 6, D)	670	260
2704	Traumatic Elbow Luxation-Medical	645	255
2787	Traumatic Shoulder Subluxation or Luxation-Medical	540	215
2706	Traumatic Hip Luxation-Medical	765	305
2735	Hygroma-Medical	280	110
2788	Muscle Neoplasia-Medical	465	190
2725	Bone Cyst	545	215
2722	Bone or Joint Neoplasia-Medical	570	225



Code	Diagnosis	A Primary Allowance	B Secondary Allowance
<b>Procedures</b>			
2721	Tendon Repair-Surgical	\$0	\$750
2702	Cruciate and/or Meniscus-Surgical (see policy: Section 6, D)	0	2620
2705	Traumatic Elbow Luxation-Surgical	0	710
2740	Traumatic Shoulder Subluxation or Luxation-Surgical	0	865
2708	Traumatic Hip Luxation-Surgical	0	1740
2789	Bone or Joint Biopsy	0	300
2716	Osteomyelitis or Septic Joint-Surgical	0	815
2731	Dewclaw Amputation (Non-Elective)	0	250
2732	Tail Amputation	0	350
2733	Toe Amputation	0	435
2737	Fore Leg Amputation	0	900
2738	Rear Leg Amputation	0	900
2795	Limb Sparing <b>Procedure</b>	0	1040
2741	Mandibulectomy or Maxillectomy	0	1735
2736	Hygroma-Surgical	0	340
2728	Muscle Neoplasia-Surgical	0	585
2723	Bone or Joint Neoplasia-Surgical	0	1550

**FRACTURES****Skull, Jaw, Scapula, Rib & Patella**

Code	Diagnosis	A Primary Allowance	B Secondary Allowance
<b>Procedures</b>			
2801	Cage Rest	\$565	\$0
2802	Bandage	530	210
2803	Sling	570	225
2811	Wires	1115	605
2812	Pins or K Wires	1200	640
2813	Plate	1780	870
2814	External Apparatus or Fixator	1700	840
2815	Plate Removal	0	510
2816	Hardware Removal	0	320

**Humerus, Femur, Radius, Ulna & Tibia**

Code	Diagnosis	A Primary Allowance	B Secondary Allowance
<b>Procedures</b>			
2820	Bandage (RBT Jones/Temporary)	\$520	\$205
2821	Splint or Cast	715	285
2830	IM Pins/Wires/Screws	1815	885
2831	Plate	2550	1180
2832	External Apparatus or Fixator	1965	945
2834	Bone Graft or Implant	0	400
2835	Plate Removal	0	550
2836	Hardware Removal	0	320

**Pelvis & Vertebrae**

Code	Diagnosis	A Primary Allowance	B Secondary Allowance
<b>Procedures</b>			
2840	Cage Rest	\$570	\$325
2850	IM Pins/Wires/Screws	2000	960
2851	Plate	2840	1375
2852	External Apparatus or Fixator	2000	960
2853	Plate Removal	0	650
2854	Hardware Removal	0	320

**Carpus, Metacarpus, Tarsus, Metatarsus & Phalanges**

Code	Diagnosis	A Primary Allowance	B Secondary Allowance
<b>Fractures or Dislocations</b>			
<b>Procedures</b>			
2860	Bandage	\$395	\$155
2861	Cast or Splint	695	275
2870	IM Pins/Wires/Screws	1565	785
2871	Plate Arthrodesis	0	1995
2872	Plate Removal	0	510
2873	Hardware Removal	0	320

**ENDOCRINOLOGY****Adrenal**

Code	Diagnosis	A Primary Allowance	B Secondary Allowance
<b>Conditions</b>			
2902	Addison's Disease	\$900	\$360
2961	Cushing's Disease	770	310
2904	Adrenal Neoplasia-Medical	495	200
<b>Procedure</b>			
2903	Adrenal Neoplasia-Surgical	\$0	\$740

**Thyroid**

Code	Diagnosis	A Primary Allowance	B Secondary Allowance
<b>Conditions</b>			
2920	Hypothyroidism	\$630	\$250
2921	Hyperthyroidism	720	290
2924	Thyroid Neoplasia-Medical	435	175
<b>Procedures</b>			
2923	Hyperthyroid (I-131)	\$0	\$850
2922	Thyroid Neoplasia-Surgical	0	650

**Parathyroid**

Code	Diagnosis	A Primary Allowance	B Secondary Allowance
<b>Conditions</b>			
2940	Hyperparathyroidism	\$675	\$270
2942	Hypoparathyroidism	485	190
2944	Parathyroid Neoplasia-Medical	560	225
<b>Procedure</b>			
2943	Parathyroid Neoplasia-Surgical	\$0	\$850

Code	Diagnosis	A Primary Allowance	B Secondary Allowance
<b>Pituitary</b>			
<b>Conditions</b>			
2960	Diabetes Insipidus	\$490	\$195
2962	Pituitary Neoplasia-Medical	495	200
<b>Procedure</b>			
2967	Pituitary Neoplasia-Surgical	\$0	\$740
<b>HEMATOLOGY (Blood Disorders)</b>			
<b>Conditions</b>			
3001	Immune Mediated Hemolytic Anemia	\$1245	\$495
3003	Heinz-Body Anemia	0	260
3004	Anemia of Chronic Disease	0	430
3005	Aplastic or Hypoplastic Anemia	1260	500
3006	Acute Anemia-Injury Related	0	330
3032	Immune Mediated or Idiopathic Thrombocytopenia	790	315
3007	Myeloproliferative Disorders	825	330
3008	Leukemia	1015	405
3009	Septicemia	0	450
3010	Myelodysplastic Disorders	1145	455
3014	Multiple Myeloma	795	315
<b>Procedure</b>			
3011	Transfusion	\$0	\$580
<b>LYMPHATIC SYSTEM</b>			
<b>Conditions</b>			
3101	Lymphadenopathy	\$470	\$185
3103	Lymphosarcoma (Lymphoma)	1230	490
<b>SPLENIC (Spleen)</b>			
<b>Conditions</b>			
3204	Splenomegaly	\$535	\$210
3202	Splenic Torsion-Medical	670	270
3206	Splenic Neoplasia-Medical	545	220
<b>Procedures</b>			
3203	Splenectomy	\$0	\$1260
3201	Traumatic Splenic Rupture-Surgical (Includes Splenectomy)	0	1260
3205	Splenic Neoplasia-Surgical (Includes Splenectomy)	0	1260
<b>MISCELLANEOUS</b>			
<b>Conditions</b>			
7003	Complication of Spay or Neuter	\$50	\$0
7004	Orthopedic Device Removal	50	0
2020	Open or Undefined Diagnosis	425	200
7002	Ascites	0	230
1717	Hypertension	330	205
1607	Adverse Medication Reaction	0	205
3302	Systemic Lupus Erythematosus	570	225
3034	DIC or Systemic Inflammatory Response Syndrome (SIRS)	0	450
7001	Metastatic or Infiltrative Neoplasia	0	550
<b>Specialized Procedures</b>			
7100	Chemotherapy or Radiation Treatment	\$0	\$2000
7102	Mechanical Ventilation	0	225
7103	Tracheostomy	0	300
7104	Ultrasound Assist-Guided <b>Procedure</b>	0	40
7105	Laparoscopy or Thoracoscopy	0	400
7106	Spinal Tap	0	350
7107	Joint Tap(s)	0	275
7108	Bone Marrow Aspiration or Biopsy	0	350
7109	Endoscopy or Arthroscopy	0	450
1110	Cardiopulmonary Resuscitation (CPR)	0	240
1000	Euthanasia and/or Remains Care	0	130
<b>Specialized Diagnostic Tests*</b>			
7200	Allergen Test	\$0	\$300
7201	Contrast Radiographs	0	350
7202	Fluoroscopy	0	450
7203	Metastatic Check-Thoracic Radiograph	0	150
7204	CT Scan	0	900
7205	MRI Scan	0	1500
7206	Myelogram	0	650
7207	Nuclear or Isotope Imaging	0	700
7208	Full Diagnostic Ocular or Soft Tissue Ultrasound	0	150
7209	Full Diagnostic Abdominal Ultrasound	0	400
7210	Full Diagnostic Echocardiogram or Thoracic Ultrasound	0	400

\*This allowance is in addition to the primary or secondary benefit allowance as listed on this schedule. Maximum benefit for Specialized Diagnostic Tests is \$1500 per policy term.

**Diagnosis or Medical Treatment for Ineligible Conditions**

These conditions are not covered by your policy, except as specified in section 4, G, 1 of your policy.

6539 Acanthosis Nigricans	6148 Inherited Myasthenia Gravis
6516 Alopecia X (Wooly Syndrome)	6051 Inherited Myopathy
6032 Amyloidosis	6141 Inherited Neuroaxonal Dystrophy
6056 Aseptic Necrosis of Femoral Head (Legg-Calve'-Perthes)-Medical	6137 Inherited or Progressive Ataxia
6002 Atrial Standstill	6405 Inherited Phosphofructokinase Deficiency
6601 Atypical Cushing's Disease	6406 Inherited Pyruvate Dehydrogenase Phosphatase Deficiency
6403 Basset Hound Thrombopathy	6404 Inherited Pyruvate Kinase Deficiency
6024 Beagle Pain Syndrome (Canine Juvenile Polyarthritis)	6410 Inherited Red Blood Cell Disorders
6412 Benign Giant Inherited Platelet Disorder	6314 Inherited Retinal Degeneration
6407 Canine Leukocyte Adhesion Deficiency (CLAD)	6544 Inherited Seborrhea
6006 Cardiac Arrhythmia of Boxers	6061 Leukodystrophy
6301 Cataracts of Dogs 6 Years of Age and Younger (Juvenile Cataracts)-Medical	6501 Lupoid Dermatitis
6125 Central Axonopathy	6513 Lupoid Onychopathy
6131 Cerebellar Degeneration	6008 Malignant Histiocytosis-Medical
6070 Ceroid Lipofuscinosis	6542 Melanoderma and Alopecia of Yorkshire Terriers
6133 Cervical Vertebral Instability/Wobblers Disease-Medical	6049 Mitochondrial Myopathy
6521 Chediak-Higashi Syndrome	6004 Mitral or Tricuspid Valve Degeneration
6101 Collapsed Trachea-Medical	6517 Multiple Collagenous Nevi or Nodular Dermatofibrosis-Medical
6520 Color Mutant Alopecia	6540 Muscular Cramping
6011 Combined Immunodeficiency	6139 Narcolepsy
6026 Complement Deficiency (C3)	6147 Necrotizing Meningoencephalitis
6528 Copper Hepatopathy	6537 Neuronal Degeneration
6304 Corneal Endothelial Dystrophy-Medical	6312 Nodular Fasciitis (Proliferative Episcleritis)
6052 Craniomandibular Osteopathy	6331 Ocular Melanosis-Medical
6010 Cutaneous Histiocytosis-Medical	6155 Osteochondritis of the Medial Humeral Head (Elbow Dysplasia)-Medical
6532 Cutaneous Mucinosis	6058 Osteochondrodysplasia
6025 Cyclic Hematopoiesis or Neutropenia	6057 Osteochondrosis Dissecans-Medical
6208 Cystine Urethrolithiasis-Medical	6310 Pannus (Superficial Keratitis)
6204 Cystine Urolithiasis-Medical	6059 Patellar Luxation-Medical
6515 Dalmatian Bronzing Syndrome	6325 Pigmentary Uveitis
6146 Dancing Doberman Disease	6023 Pinnal Vasculopathy
6134 Degenerative Myelopathy	6217 Polycystic Kidney Disease
6507 Dermatomyositis	6143 Polyneuropathy
6050 Distal Myopathy	6311 Primary Glaucoma-Medical
6313 Distichiasis-Medical	6309 Primary Lens Luxation-Medical
6303 Ectopic Cilia-Medical	6127 Progressive Axonopathy
6308 Ectropion-Medical	6305 Progressive Retinal Atrophy
6053 Elbow Dysplasia-Medical	6302 Prolapsed Gland of Third Eyelid-Medical
6307 Entropion-Medical	6548 Protein Losing Enteropathy
6508 Epidermolysis Bullosa	6535 Protein Losing Nephropathy
6550 Exercise Induced Collapse	6522 Pseudohyperkalemia
6538 Familial Renal Disease	6142 Pug Encephalitis (Necrotizing Meningoencephalitis)
6135 Familial Vasculopathy	6156 Radio-Ulnar Incongruence (Elbow Dysplasia)-Medical
6153 Fragmented Coronoid Process (Elbow Dysplasia)-Medical	6541 Rage Syndrome
6128 Giant Axonal Neuropathy	6033 Renal Dysplasia
6022 Gluten-Sensitive Enteropathy	6202 Renal Tubular Dysfunction (Fanconi Syndrome)
6506 Growth Hormone Responsive Dermatitis	6326 Retinal Dysplasia
6306 Hemeralopia (Daylight Blindness)	6333 Retinal Pigment Epithelial Dystrophy
6408 Hemophilia	6503 Schnauzer Comedo Syndrome
6055 Hip Dysplasia-Medical	6138 Scotty Cramps
6021 Histiocytic Ulcerative Colitis	6327 Scrolled Third Eyelid Cartilage-Medical
6031 Hyperlipidemia-Hyperlipoproteinemia	6510 Sebaceous Adenitis
6020 Hypertrophic Gastritis or Immunoproliferative Enteropathy	6332 Secondary Melanocytic Glaucoma
6129 Hypertrophic Neuropathy	6145 Sensory Neuropathy
6106 Idiopathic Pulmonary Fibrosis	6504 Sex Hormone Dermatitis (Alopecia X)
6136 Incomplete Ossification of the Humeral Condyle-Medical	6525 Shar-Pei Fever
6149 Inherited Alpha Mannosidosis	6005 Sick Sinus Syndrome-Medical
6003 Inherited Cardiomyopathy	6035 Sphingomyelinosis (Niemann-Pick Disease)
6409 Inherited Coagulation (Bleeding) Disorders	6518 Spiculosis
6062 Inherited Cobalamin Deficiency	6140 Spinal Muscular Atrophy
6545 Inherited Exocrine Pancreatic Insufficiency	6531 Synovitis
6067 Inherited Eucosidosis	6009 Systemic Histiocytosis-Medical
6066 Inherited Gangliosidosis	6402 Thrombasthenic Thrombopathy
6065 Inherited Globoid Cell Leukodystrophy (Krabbe Disease)	6329 Trichiasis-Medical
6069 Inherited Glucosylceroidosis (Gaucher's Disease)	6154 Ununited Anconeal Process (Elbow Dysplasia)-Medical
6064 Inherited Glycogen Storage Disease	6209 Urate Urethrolithiasis-Medical
6080 Inherited Hyperparathyroidism	6203 Urate Urolithiasis-Medical
6220 Inherited Immunodeficiency Disorders	6206 Urethral Prolapse-Medical
6546 Inherited Inflammatory Bowel Disease (IBD)	6509 Vitamin A Responsive Dermatitis
6334 Inherited Iridociliary or Iris Cysts-Medical	6411 Vitamin K Dependent Coagulopathy
6102 Inherited Laryngeal Paralysis-Medical	6401 Von Willebrand's Disease
6547 Inherited Lymphangiectasia	6205 Xanthine Urolithiasis-Medical
6534 Inherited Megaesophagus-Medical	6210 Xanthine Urethrolithiasis-Medical
6068 Inherited Mucopolysaccharidosis (I, II, IIIA, VI, VII)	6030 X-Linked Muscular Dystrophy

**Surgical Treatment for Ineligible Conditions**

These conditions are not covered by your policy, except as specified in section 4, G, 2 of your policy.

6039 Aseptic Necrosis of Femoral Head (Legg-Calve'-Perthes)-Surgical	6015 Malignant Histiocytosis-Surgical
6317 Cataracts of Dogs 6 Years of Age and Younger (Juvenile Cataracts)-Surgical	6502 Multiple Collagenous Nevi or Nodular Dermatofibrosis-Surgical
6130 Cervical Vertebral Instability/Wobblers Disease-Surgical	6335 Ocular Melanosis-Surgical
6104 Collapsed Trachea-Surgical	6038 Osteochondrosis Dissecans-Surgical
6316 Corneal Endothelial Dystrophy-Surgical	6363 Patellar Luxation-Surgical
6012 Cutaneous Histiocytosis-Surgical	6323 Primary Glaucoma-Surgical
6214 Cystine Urethrolithiasis-Surgical	6322 Primary Lens Luxation-Surgical
6212 Cystine Urolithiasis-Surgical	6318 Prolapsed Gland of Third Eyelid-Surgical
6324 Distichiasis-Surgical	6328 Scrolled Third Eyelid Cartilage-Surgical
6319 Ectopic Cilia-Surgical	6014 Sick Sinus Syndrome-Surgical
6321 Ectropion-Surgical	6016 Systemic Histiocytosis-Surgical
6037 Elbow Dysplasia-Surgical	6330 Trichiasis-Surgical
6320 Entropion-Surgical	6215 Urate Urethrolithiasis-Surgical
6036 Hip Dysplasia-Surgical	6211 Urate Urolithiasis-Surgical
6336 Inherited Iridociliary or Iris Cysts-Surgical	6207 Urethral Prolapse-Surgical
6103 Inherited Laryngeal Paralysis-Surgical	6216 Xanthine Urethrolithiasis-Surgical
6526 Inherited Megaesophagus-Surgical	6213 Xanthine Urolithiasis-Surgical