1. INSURING AGREEMENT

We will provide the benefits listed in the 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 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 terms and phrases in your policy. We identify these terms with bold typeface. Any veterinary 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. Chemotherapy means treatment through chemicals primarily designed to stop the progression of cancer.

B. Chronic condition means a condition that can be treated or managed, but not cured.

C. Condition means an illness or injury that your pet contracts or incurs.

D. Congenital anomaly or disorder means a condition that is present from birth, whether inherited or caused by the environment, which may cause or otherwise contribute to illness or disease.

E. Covered veterinary expenses means expenses for reasonable and necessary veterinary services that are eligible for payment under the Medical Plan.

F. 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.

G. 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.

H. Drug or drugs means medication or other substance undergoing clinical trials for or approved by the U.S. Food and Drug Administration (FDA) that is used to treat a condition.

I. Hereditary disorder means an abnormality that is genetically transmitted from parent to offspring and may cause illness or disease.

J. Illness means any condition caused by or associated with disease. All clinical signs or symptoms of an illness constitute one illness, regardless of the number of affected areas of your pet’s body.

K. Incident means an occurrence that causes your pet’s condition.

L. Injury means physical damage to part of a pet’s body caused by an unforeseen physical action or force outside the pet’s body.

M. Medical means healing or therapy not involving surgical methods.

N. Pet means the animal identified on the Declarations Page or Renewal Certificate of your policy.

O. Pet insurance means an individual or group insurance policy that provides coverage for veterinary expenses.

P. Preexisting condition means any condition for which a veterinarian provided medical advice, the pet received treatment for, or the pet displayed signs or symptoms consistent with the stated condition prior to the effective date of a pet insurance policy or during any waiting period.

Q. Prescribed means: (1) directly provided by or (2) authorized by written instruction of a veterinarian.

R. Procedure means a veterinary medical or surgical treatment method or course of action.

S. 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.

T. Surgical means healing or therapy that requires cutting or entering a part of the body to repair or remove body tissue. This does not include any diagnostic procedure or biopsy.

U. Veterinarian means an individual who holds a valid license to practice veterinary medicine from the Veterinary Medical Board pursuant to Chapter 11 (commencing with Section 4800) of Division 2 of the Business and Professions Code or other appropriate licensing entity in the jurisdiction in which he or she practices.

V. Veterinary expenses means the costs associated with medical advice, diagnosis, care or treatment provided by a veterinarian, including, but not limited to, the cost of drugs prescribed by a veterinarian.

W. Veterinary services means medical advice, diagnosis, care or treatment provided by a veterinarian who has physically examined your pet, including drugs prescribed by the veterinarian.

X. Void means to declare during the policy term that this policy is no longer in force or effect.

Y. Waiting or affiliation period means the period of time specified in a pet insurance policy that is required to transpire before some or all of the coverage in the policy can begin.

Z. We, us, or our means the company providing this insurance.

AA. Wild mammal means a mammal that has never been domesticated and generally lives in the state of nature unless captured and confined.

BB. 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 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 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 Medical Plan Benefit Schedule.

B. We will apply your deductible to covered veterinary expenses that you incur during the policy term. We will pay covered veterinary 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 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 expenses incurred during the policy term. Covered veterinary expenses that are paid under one Diagnosis Allowance are not payable under any other Diagnosis Allowance. We will only pay veterinary 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 Medical Plan Benefit Schedule. We will only pay for Specialized Diagnostic 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.

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 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 preexisting 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 caused by angular limb deformity.

E. Diagnosis or treatment of cruciate ligament or meniscal damage or rupture that occurs during the first twelve calendar months that this policy is in effect.

F. Diagnosis or treatment of any condition consisting of or caused by cervical vertebral instability/wobbler syndrome.

G. Diagnosis or treatment of any congenital anomaly or disorder or developmental defect or any condition caused by or resulting from the congenital anomaly or disorder or developmental defect. We provide examples—not a complete list—of common congenital anomalies or disorders and developmental defects on our website: www.petinsurance.com or you may call us at 800-540-2016 to obtain a list.

H. Diagnosis or treatment of any hereditary disorder or any condition caused by or resulting from a hereditary disorder. We list the conditions that we regard as hereditary disorders on our website: www.petinsurance.com or you may call us at 800-540-2016 to obtain a list.

I. 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) entropion, (10) extropion, (11) primary glaucoma, (12) retinal dysplasia, (13) progressive retinal atrophy, (14) corneal dystrophy, (15) cataracts of dogs under 7 years of age, unless secondary to injury or diabetes mellitus, (16) sex hormone dermatosis, (17) growth hormone dermatosis, (18) hemophilia, (19) inherited coagulation (bleeding) disorders, or (20) von Willebrand’s disease.

J. 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 including teeth cleaning and polishing.

K. Diagnosis, treatment, or preventive diagnosis or treatment of your pet for internal or external parasites including fleas, heartworms, and roundworms.

L. Gastropexy, tail docking, dewclaw removal, ear cropping, skin fold resection, vulvar episiotomy, declawing, nail trims, expression of anal glands, anal sacculitis, or removal of anal glands.

M. Diagnosis or treatment of your pet for any condition resulting from or associated with breeding or pregnancy including cesarean section, dystocia, termination of pregnancy, pseudopregnancy, spaying or neutering.

N. 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.

O. Boarding, transportation, grooming, or bathing. Boarding includes medical boarding, and bathing includes medicated baths or dips.

P. Routine, preventive, elective, or cosmetic diagnosis, treatment or procedures, including vaccines.

Q. 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.

R. Diagnosis or treatment for nuclear sclerosis, iris atrophy, vitreal degeneration, or age-related loss of sight or hearing.

S. Diagnosis or treatment that is experimental, investigational, or otherwise not within the standard of care accepted by the board of veterinary medicine of your state.
T. Diagnosis, treatment, training, or therapy for behavioral problems.

U. Fees or other expenses not directly related to veterinary services including fees or expenses incurred for: (1) waste disposal, (2) 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.

V. Diagnosis or treatment of any complication or progression of any condition excluded by this policy.

W. Diagnosis or treatment of your pet’s condition that was caused intentionally by you or any other resident of your household.

X. 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 submit complete and legible claim forms to us and include itemized receipts for veterinary expenses that identify your pet by name.

B. You must provide us with all medical and surgical records relating to any claim under your policy, upon our request. 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. Upon payment of benefits, we will be subrogated to your rights of recovery from any other party.

8. OTHER INSURANCE

A. If your pet is covered by more than one policy issued by us, we will not pay more than the highest amount payable under any one policy.

B. This insurance is excess over any other insurance covering your pet that is provided by a policy issued by any other insurance company, whether collectable or not.

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 sending written notice to you at your most recent address in our records. We will send you this notice ten days before we cancel your policy, or at the time required by the law of your state of residence. You may cancel your policy at any time by notifying us in writing. If either you or we cancel your policy, we will refund any unearned premium on a prorated basis.

C. You may return your policy to us, or the agent through whom your policy was purchased, at any time within thirty days following the effective date of your policy. The delivery or mailing of your policy by you pursuant to this paragraph shall void your policy from the beginning, and the parties shall be in the same position as if a policy or contract had not been issued. We will refund all premiums and any policy fee paid for the policy within thirty days from the date that you notify us of your decision to cancel your policy under this paragraph. However, if we have paid any claim or have advised you in writing that a claim will be paid, the thirty-day free look right pursuant to this paragraph is inapplicable and instead section 9.B. applies to any refund.

10. ASSIGNMENT OR TRANSFER OF POLICY

A. You may not transfer or assign your 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.

D. We may make changes to your policy. If we do, we will send you written notice thirty days before the end of the current policy term or at the time required by the law of your state of residence. You accept these changes by renewing your policy.

12. REVIEW

You may request a review:

A. If we deny your claim in whole or in part; or

B. To ask that we remove an Additional Excluded Condition listed on the Declarations Page or Renewal Certificate of your policy.

You must submit your review request in writing indicating the reason for the review. You must provide us with all medical and surgical records from your veterinarian relating to any condition that is the basis of your request. If your request for review involves an Additional Excluded Condition, you must provide us with medical and surgical records or other documentation from your veterinarian demonstrating that the condition was cured at least six months before the date of your request. Chronic conditions are not eligible for removal. 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 health. You agree that this policy and any endorsements or riders issued to you is the entire and only agreement 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 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.
### VETERINARY PET INSURANCE MEDICAL PLAN BENEFIT SCHEDULE

**DIGESTIVE SYSTEM**

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
<th>Procedures</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2605</td>
<td>Salivary Gland Abscess or Granuloma</td>
<td>25th</td>
<td>295</td>
</tr>
<tr>
<td>2606</td>
<td>Salivary Gland Neoplasia-Medical</td>
<td>335</td>
<td>159</td>
</tr>
</tbody>
</table>

**Salivary Gland**

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
<th>Procedures</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2601</td>
<td>Sialocele-Medical</td>
<td></td>
<td>$180 70</td>
</tr>
<tr>
<td>2602</td>
<td>Sialocele-Surgical</td>
<td></td>
<td>$655</td>
</tr>
<tr>
<td>2604</td>
<td>Salivary Gland Neoplasia-Surgical</td>
<td></td>
<td>$555</td>
</tr>
</tbody>
</table>

**Esophagus**

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
<th>Procedures</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1202</td>
<td>Esophagitis</td>
<td></td>
<td>$190 75</td>
</tr>
<tr>
<td>1201</td>
<td>Acquired Esophageal Dysfunction-Medical</td>
<td></td>
<td>125</td>
</tr>
<tr>
<td>1203</td>
<td>Esophageal Foreign Object(s)-Medical</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>4001</td>
<td>Esophageal Neoplasia Medical</td>
<td></td>
<td>125</td>
</tr>
</tbody>
</table>

**Abdominal Wall**

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
<th>Procedures</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1211</td>
<td>Peritonitis-Medical</td>
<td></td>
<td>$445 175</td>
</tr>
<tr>
<td>1214</td>
<td>Abdominal Wall Disruption</td>
<td></td>
<td>195</td>
</tr>
<tr>
<td>1218</td>
<td>Peritoneal Neoplasia-Medical</td>
<td></td>
<td>115</td>
</tr>
</tbody>
</table>

### MEDICAL PLAN BENEFIT SCHEDULE – PAGE 6

**Column A** Primary Diagnosis Allowance is the benefit limit for the primary condition or procedure. For each incident, this is the predominant condition for which your pet was treated. There is only one Column A Primary Diagnosis Allowance per condition or procedure. We will pay covered veterinary expenses under any applicable Secondary Diagnosis Allowance, subject to the terms of this policy.

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

### CARDIOVASCULAR SYSTEM (Heart & Vessels)

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
<th>A Primary Diagnosis Allowance</th>
<th>B Secondary Diagnosis Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1201</td>
<td>Acquired Arrhythmia or Tachycardia</td>
<td>$105</td>
<td></td>
</tr>
<tr>
<td>1202</td>
<td>Acquired Esophageal Dysfunction-Medical</td>
<td>$125</td>
<td></td>
</tr>
<tr>
<td>1203</td>
<td>Acquired Esophageal Foreign Object(s)-Medical</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>4001</td>
<td>Esophageal Neoplasia Medical</td>
<td>$125</td>
<td></td>
</tr>
</tbody>
</table>

### Stomach

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
<th>A Primary Diagnosis Allowance</th>
<th>B Secondary Diagnosis Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1201</td>
<td>Acquired Gastritis or Ulcer</td>
<td>$130</td>
<td></td>
</tr>
<tr>
<td>1202</td>
<td>Acquired Bacterial Gastritis or Ulcer</td>
<td>$100</td>
<td></td>
</tr>
</tbody>
</table>

### Small Intestine

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
<th>A Primary Diagnosis Allowance</th>
<th>B Secondary Diagnosis Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1201</td>
<td>Acquired Intestinal Obstruction of the Intestine</td>
<td>$150</td>
<td></td>
</tr>
<tr>
<td>1202</td>
<td>Acquired Bacterial Intestinal Obstruction of the Intestine</td>
<td>$125</td>
<td></td>
</tr>
</tbody>
</table>

### Pancreatic, Cholangio & Hepatic

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
<th>A Primary Diagnosis Allowance</th>
<th>B Secondary Diagnosis Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1201</td>
<td>Acquired Pancreatitis</td>
<td>$180</td>
<td></td>
</tr>
<tr>
<td>1202</td>
<td>Acquired Bacterial Pancreatitis</td>
<td>$150</td>
<td></td>
</tr>
</tbody>
</table>

### Gall Bladder

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
<th>A Primary Diagnosis Allowance</th>
<th>B Secondary Diagnosis Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1201</td>
<td>Acquired Gall Bladder Neoplasia-Medical</td>
<td>$210</td>
<td></td>
</tr>
<tr>
<td>1202</td>
<td>Acquired Bacterial Gall Bladder Neoplasia-Medical</td>
<td>$180</td>
<td></td>
</tr>
</tbody>
</table>

### Liver

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
<th>A Primary Diagnosis Allowance</th>
<th>B Secondary Diagnosis Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1201</td>
<td>Acquired Hepatitis</td>
<td>$240</td>
<td></td>
</tr>
<tr>
<td>1202</td>
<td>Acquired Bacterial Hepatitis</td>
<td>$210</td>
<td></td>
</tr>
</tbody>
</table>
### URINARY SYSTEM

#### Renal (Kidney)

**Conditions**
- 1902: Pyelonephritis [Medical] $385
- 1903: Nephrotic Syndrome $220
- 1918: Acute Renal Failure 340
- 1716: Chronic Renal Failure 340
- 1709: Glomerulonephritis 340
- 1701: Nephrolithiasis or Ureterolithiasis 210
- 1719: Renal Neoplasia-Medical 200

**Procedures**
- 1905: Urethral Neoplasia-[Surgical] $225
- 1911: Urethrotomy or Urethral Trauma-[Surgical] $225
- 1903: Perineal Urethrostomy - 1130

#### Bladder

**Conditions**
- 1806: Acquired Urinary Incontinence or Atony $230
- 1802: Canine Cystitis 415
- 1805: Feline Cystitis or FLUTD-Medical 415
- 1809: Urolithiasis-Medical 180
- 1807: Bladder Neoplasia-Medical 280

**Procedures**
- 1820: Urethral Neoplasia-[Surgical] Obstructed Male - $230
- 1803: Traumatic Bladder Rupture-[Surgical] $225
- 1804: Bladder Neoplasia-[Surgical] $225

#### Urethra

**Conditions**
- 1901: Urethral Hemorrhage-Medical $205
- 1902: Urethral Trauma-Medical 200
- 1912: Urethral Neoplasia $205

**Procedure**
- 1911: Urethrolysis or Urethral Trauma-Surgical - $225
- 1903: Perineal Urethrostomy - $1130
- 1905: Urethral Neoplasia-Surgical - $625

### INFECTIOUS (Virus, Bacteria & Fungus)

**Conditions**
- 2001: Papillomatosis $150
- 2003: Canine Parovirus 65
- 2005: Canine Coronavirus 210
- 2006: Feline Upper Respiratory Disease Complex 210
- 1425: Tracheobronchitis or Kennel Cough 255
- 2007: Feline Infectious Peritonitis (FIP) 245
- 2008: Haemobartonella (Mycoplasmosis) 175
- 2009: Feline Panleukopenia Virus (FPV) 300
- 2010: Canine Distemper 425
- 2013: Brucellosis 170
- 2014: Leptospirosis 445
- 2015: Tularaemia 435
- 2016: Botulism 390
- 2017: Coccidioidomycosis (Valley Fever) 325
- 2019: Feline Leukaemia Virus (FeLV) 150
- 2021: Ehrlichia or Anaplasma or Other Rickettsial Diseases 245
- 2022: Salmon Disease 200
- 2023: Lyme Disease 165
- 2024: Rocky Mountain Spotted Fever 185
- 2039: Viral Infection-Other 180
- 2040: Blastomycesis-Systemic Mycosis 325
- 2041: Histoplasmosis-Systemic Mycosis 325
- 2042: Cryptococcus-Systemic Mycosis 325
- 2043: Barotella 130
- 2045: Tuberculosis or Other Mycobacteria 170
- 2044: Feline Immunodeficiency Virus (FIV) 150
- 2047: West Nile Virus 185
- 2048: Canine Influenza 200
- 2049: Systemic Mycosis-Other 325

### OPHTHALMOLOGY (Eyes)

**Conditions**
- 2105: Plugged Tear Duct $105
- 2106: Corneal Edema 115
- 2131: Blepharitis 115
- 2107: Conjunctivitis 210
- 2108: Keratoconjunctivitis Sicca or Keratitis 175
- 2110: Corneal Ulcer 300
- 2114: Uveitis or Retinitis 150
- 2156: Iris or Acquired Iris Cyst 150
- 2158: Episcleritis or Scleritis 115
- 2135: Sudden Acquired Retinal Degeneration Syndrome 160

**Procedures**
- 2209: Total Ear Canal Ablation - 710
- 2309: Lateral or Vertical Ear Resection - 635
- 2311: Ear Canal Neoplasia-[Surgical] $230

### NEUROLOGY (Brain, Spinal Cord & Nerves)

**Conditions**
- 2205: Epilepsy or Seizure(s) or Idiopathic Tremor Syndrome $310
- 2203: Myelopathy 300
- 2208: Intervertebral Disc Disease-[Surgical] $1060
- 2105: Feline Cystitis or FLUTD-Medical $230
- 2103: Acquired Bladder Disorder-[Surgical] $745
- 2104: Traumatic Bladder Rupture-[Surgical] $360
- 2106: Renal Biopsy - 150
- 2107: Acquired Renal or Ureter Disorder-[Surgical] - $1145
- 2108: Keratoconjunctivitis Sicca or Keratitis 175
- 2109: Conjunctivitis 210
- 2110: Corneal Ulcer 300
- 2115: Traumatic Hip Luxation-[Surgical] - 245
- 2116: Epilepsy or Seizure(s) or Idiopathic Tremor Syndrome $125
- 2117: Cataract(s) due to covered condition-$1145

**Procedures**
- 2206: Intervertebral Disc Disease-[Surgical] $370
- 2217: Dorsal Subluxation or Luxation-[Surgical] $225
- 2218: Cauda Equina Syndrome-Medical $290
- 2219: Cauda Equina Syndrome-Medical $285
- 2223: Brain or Spinal Cord Neoplasia-[Surgical] $325
- 2243: Peripheral Nerve Neoplasia-Medical $205
- 2215: Brain or Spinal Cord Neoplasia-Medical $325
- 2206: Intervertebral Disc Disease-[Surgical] $370
- 2216: Cauda Equina Syndrome-Medical $290
- 2219: Cauda Equina Syndrome-Medical $285
- 2223: Brain or Spinal Cord Neoplasia-[Surgical] $325
- 2243: Peripheral Nerve Neoplasia-Medical $205
- 2215: Brain or Spinal Cord Neoplasia-Medical $325

### AURAL (Ears)

**Conditions**
- 2005: Otitis Externa $225
- 2030: Auditory Trauma-Medical $320
- 2101: Ocular Foreign Object(s) 155
- 2102: Enucleation or Evisceration - 250
- 2103: Eyelid Neoplasia-[Surgical] - 175
- 2129: Ocular Neoplasia-[Surgical] - 205

**Procedures**
- 2005: Otitis Externa $225
- 2030: Auditory Trauma-Medical $320
- 2101: Ocular Foreign Object(s) 155
- 2102: Enucleation or Evisceration - 250
- 2103: Eyelid Neoplasia-[Surgical] - 175
- 2129: Ocular Neoplasia-[Surgical] - 205

### MUSCULOSKELETAL

**Conditions**
- 2210: Femoral Fracture 255
- 2211: Ulna Fracture 255
- 2212: Radius Fracture 255
- 2213: Mandible Fracture 255
- 2214: Temporalis Fracture 255
- 2215: Zygomatic Fracture 255
- 2216: Corneal Neoplasia-Medical $325
- 2217: Auricular Hematoma-[Surgical] $205
- 2218: Lens Luxation or Subluxation-[Surgical] $285
- 2219: Cataract(s) due to covered condition-$225

**Procedures**
- 2101: Ocular Neoplasia-[Surgical] - 205
- 2102: Eyelid Neoplasia-[Surgical] - 175
- 2117: Cataract(s) due to covered condition-$1145
- 2129: Ocular Neoplasia-[Surgical] - 205

### MEDICAL PLAN BENEFIT SCHEDULE – PAGE 8

Continued on page 9

**MEDICAL PLAN BENEFIT SCHEDULE – PAGE 9**

### FRACTURES

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>2801</td>
<td>Cage Rest</td>
<td>$320</td>
<td>-</td>
</tr>
<tr>
<td>2802</td>
<td>Bandage</td>
<td>$265</td>
<td>$105</td>
</tr>
<tr>
<td>2803</td>
<td>Sling</td>
<td>$285</td>
<td>$110</td>
</tr>
<tr>
<td>2811</td>
<td>Wires</td>
<td>$555</td>
<td>$300</td>
</tr>
<tr>
<td>2812</td>
<td>Pins or K-Wires</td>
<td>$600</td>
<td>$200</td>
</tr>
<tr>
<td>2813</td>
<td>Plate</td>
<td>$890</td>
<td>$435</td>
</tr>
<tr>
<td>2814</td>
<td>External Apparatus or Fixator</td>
<td>$850</td>
<td>$420</td>
</tr>
<tr>
<td>2815</td>
<td>Plate Removal</td>
<td>$325</td>
<td>$160</td>
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</table>

**Pelvis & Vertebral**

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>2820</td>
<td>Bandage (RTB Jones/Temporary)</td>
<td>$260</td>
<td>-</td>
</tr>
<tr>
<td>2821</td>
<td>Spinal or Cast</td>
<td>$355</td>
<td>$140</td>
</tr>
<tr>
<td>2830</td>
<td>IM Pins/Wires/Screws</td>
<td>$905</td>
<td>$440</td>
</tr>
<tr>
<td>2831</td>
<td>Plate</td>
<td>$1275</td>
<td>$590</td>
</tr>
<tr>
<td>2832</td>
<td>External Apparatus or Fixator</td>
<td>$900</td>
<td>$470</td>
</tr>
<tr>
<td>2834</td>
<td>Bone Graft or Implant</td>
<td>$200</td>
<td>-</td>
</tr>
<tr>
<td>2835</td>
<td>Plate Removal</td>
<td>$275</td>
<td>-</td>
</tr>
<tr>
<td>2836</td>
<td>Hardware Removal</td>
<td>-</td>
<td>$160</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>2860</td>
<td>Bandage</td>
<td>$195</td>
<td>$75</td>
</tr>
<tr>
<td>2861</td>
<td>Cast or Splint</td>
<td>$345</td>
<td>$135</td>
</tr>
<tr>
<td>2870</td>
<td>IM Pins/Wires/Screws</td>
<td>$780</td>
<td>$350</td>
</tr>
<tr>
<td>2871</td>
<td>Plate Arthrodesis</td>
<td>-</td>
<td>$995</td>
</tr>
<tr>
<td>2872</td>
<td>Plate Removal</td>
<td>-</td>
<td>$255</td>
</tr>
<tr>
<td>2873</td>
<td>Hardware Removal</td>
<td>-</td>
<td>$160</td>
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</tbody>
</table>

### ENDOCRINOLOGY

**Adrenal**

<table>
<thead>
<tr>
<th>Code</th>
<th>Conditions</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>2902</td>
<td>Addison’s Disease</td>
<td>$450</td>
<td>$190</td>
</tr>
<tr>
<td>2961</td>
<td>Cushing’s Disease</td>
<td>$385</td>
<td>$155</td>
</tr>
<tr>
<td>2904</td>
<td>Adrenal Neoplasia-Medical</td>
<td>$245</td>
<td>$100</td>
</tr>
</tbody>
</table>

**Thyroid**

<table>
<thead>
<tr>
<th>Code</th>
<th>Conditions</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>2920</td>
<td>Hypothyroidism</td>
<td>$315</td>
<td>$125</td>
</tr>
<tr>
<td>2921</td>
<td>Hyperthyroidism</td>
<td>$360</td>
<td>$145</td>
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</table>

### HEMATOLOGY (Blood Disorders)

**Parathyroid**

<table>
<thead>
<tr>
<th>Code</th>
<th>Conditions</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>2940</td>
<td>Hyperparathyroidism</td>
<td>$335</td>
<td>$135</td>
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</table>

**Pituitary**

<table>
<thead>
<tr>
<th>Code</th>
<th>Conditions</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>2960</td>
<td>Diabetes Insipidus</td>
<td>$245</td>
<td>$95</td>
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</tbody>
</table>

### LYMPHATIC SYSTEM

<table>
<thead>
<tr>
<th>Code</th>
<th>Conditions</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>3101</td>
<td>Lymphadenopathy</td>
<td>$235</td>
<td>$90</td>
</tr>
<tr>
<td>3103</td>
<td>Lymph Node Neoplasia</td>
<td>$615</td>
<td>$245</td>
</tr>
</tbody>
</table>

### SPLENIC (Spleen)

<table>
<thead>
<tr>
<th>Code</th>
<th>Conditions</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>3204</td>
<td>Splenomegaly</td>
<td>$265</td>
<td>$105</td>
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</tbody>
</table>

**Miscellaneous**

### Specialized Procedures

<table>
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<th>Code</th>
<th>Conditions</th>
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<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>7100</td>
<td>Chemotherapy or Radiation Treatment</td>
<td>-</td>
<td>$1000</td>
</tr>
</tbody>
</table>

### Specialized Diagnostic Tests*

<table>
<thead>
<tr>
<th>Code</th>
<th>Conditions</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>7200</td>
<td>Allergy Test</td>
<td>-</td>
<td>$150</td>
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</table>

*These tests are only payable up to the amounts listed in this section of the Medical Plan Benefit Schedule.