

Underwritten by: National Casualty Company  
Home Office: One Nationwide Plaza • Columbus, OH 43215  
Administrative Office: 8877 N. Gainey Center Drive • Scottsdale, AZ 85258  
1-800-423-7675 • A Stock Company

DIRECT ALL INQUIRIES AND CLAIMS TO: DVM Insurance Agency  
1800 E. Imperial Highway, Suite 145 • Brea, CA 92821 • 1-800-540-2016 • 1-714-989-0555

### **Avian & Exotic Pet Plan Coverage Form**

#### **DEFINITIONS**

When used in the policy, "Plan A" shall mean Veterinary Pet Insurance Avian & Exotic Pet Plan.  
When used in the policy, "we" or "us" shall mean National Casualty Company.  
When used in the policy, "you" shall mean insured policyholder.  
When used in the policy, "veterinarian" shall mean a properly licensed veterinarian.  
When used in the policy, "veterinary services" shall mean from a licensed veterinarian.

#### **INSURING CLAUSE**

By payment of the premium when due, we will pay you incurred policy benefits as listed under Benefit Provisions. "We" will pay only those veterinary services incurred during the policy term. Benefits are paid subject to all the policy exclusions and conditions.

#### **EFFECTIVE DATE**

The policy will be in effect at the time and date shown on the declaration page.  
For Plan A, the effective date will be not less than 14 days after we accept the application.

#### **BENEFIT PROVISIONS - PLAN A**

We will pay 90% of the current Avian & Exotic Pet Plan Veterinary Services Benefit Schedule as established and published per incident during each policy term after the deductible for eligible expenses submitted.

We pay all claims according to the enclosed Benefit Schedule. If the medical charges exceed the Avian & Exotic Pet Plan Veterinary Services Benefit Schedule, such excess is not paid. The excess amount will not be included in computing the deductibles or any benefits. Payments are subject to general exclusions, conditions, deductibles and any endorsements.

Benefits are paid for necessary veterinary medical services incurred for accidental injury or illness. The accident or illness and treatments must take place within the policy term.

#### **DEDUCTIBLE**

The appropriate deductible shall apply for each accident or illness during the policy term.

#### **CONDITIONS APPLICABLE TO PLAN A**

The payments are limited to a maximum of \$2,000 per accident or illness and a maximum of \$7,000 for each policy term.

Other Insurance - This insurance is excess over any other pet insurance policy. We will issue and honor only one policy per pet per policy term.

This policy will not provide payment for accidental injury or illness caused directly or indirectly by:  
a) enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; b) insurrection; c) rebellion; d) revolution; e) invasion; f) civil war; g) illegal acts committed by the insured or a member of the insureds household; h) usurped power; i) nuclear radioactive contamination.

**EXCLUSIONS:** This policy will not pay for:

- \* Injury or illness contracted, manifested or incurred prior to the policy effective date, unless such injury or illness has been cured and there has not been a reoccurrence or manifestation of the injury or illness requiring treatment. Support documentation from a licensed veterinarian must be submitted to us for consideration of removal of any medical exclusion.
- \* Internal or external parasites, preventive treatments and diagnostics for or conditions relating to parasites.
- \* Routine care, examinations, vaccinations.
- \* Congenital or hereditary defects or diseases.
- \* Elective and maintenance procedures, including but not limited to sexing, cosmetic surgeries, wing clipping, beak filing, nail trims, teeth filing or clipping, removal of leg bands.
- \* Breeding or conditions relating to breeding.
- \* Surgical removal of reproductive organs, expression or removal of scent glands.
- \* Boarding or transport expenses.
- \* Special diets, pet foods, vitamins, mineral supplements, grooming costs, and bathing (including medicated baths).
- \* Diseases preventable by vaccines (unless administered by a veterinarian), within the protocol as defined in current veterinary references.
- \* Behavioral problems not listed on Veterinary Services Benefit Schedule, training or therapy.
- \* Orthodontics, teeth cleaning, polishing, endodontics and removal of deciduous teeth.
- \* Diagnostic test(s) and treatment(s) for conditions excluded or limited by this policy and complications of conditions excluded or limited by this policy.
- \* For ferrets, diagnosis, medical management, or surgical correction of any endocrine tumors, both benign and malignant, or endocrine hyperplasias of any kind, or associated splenectomy.

**LIBERALIZATION**

If we revise the policy form, the provisions, exclusions, conditions, endorsements or rules whereby the insurance is extended or broadened without any additional premium, this policy will be so extended or broadened.

**REVIEW**

If any claim is denied, you or the attending veterinarian may request a review.

The request must be in writing.

The request must be received by us within 60 days of the denial.

A professional committee of veterinarians will conduct the review.

**TRANSFER OF POLICY**

All transfers are subject to a new application and to underwriting rules.

**TERMINATION OF INSURANCE**

The policy will lapse on failure to prepay the renewal premium.

We may cancel the policy by giving 45 days written notice to you at the address shown on the declaration page.

You may cancel by notifying us in writing.

Unearned premium refund if we cancel is pro-rate, unearned premium refund if you cancel is 90% pro-rate.

**INSURED'S DUTIES**

Fully completed claim forms must be submitted to us within 180 days of the treatment date.

The actual itemized receipts must be presented (photocopies not accepted).

You agree to obtain all medical records to support claims upon request.

You authorize the company to obtain all medical records to support the claim.

You agree to submit the pet to examination by our selected, qualified veterinarians.

You agree to use all means to protect the pet from aggravation of the injury or illness.

Upon payment of benefits, we will be subrogated to your rights of recovery. However, our right to recover is subordinate to your right to be fully compensated.

Payment of benefits will be made to you within 30 days after satisfactory proof of loss has been provided to the company.

**DECLARATIONS**

By accepting this policy, you agree that all the statements in the application and the declaration are true and no medical condition(s) has been withheld.

You affirm that the policy and the endorsements are the entire and only agreements between you and us.

**CONCEALMENT, FRAUD**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Secretary

President



**Avian & Exotic Pet Plan BENEFIT SCHEDULE**  
(Effective 8/01/00 - subject to change)

**Column I** is the benefit limit per policy term for the **primary condition**.  
This includes exam, injections, hospitalization, treatment, surgery.

**Column II** is the benefit limit for the condition if it is treated as a **secondary condition**, concurrently with the primary condition.

**Column III** is the benefit limit for **general anesthesia**.

**Fee Schedule**

| Code Diagnosis  | Column I | Column II | Column III |
|-----------------|----------|-----------|------------|
| 1000 Euthanasia | \$—      | \$65      | \$—        |

**CARDIOVASCULAR**  
*Diagnostics (Maximum Allowed \$280)\**

|   |       |       |     |
|---|-------|-------|-----|
| 1101 Arrhythmia                             | \$220 | \$130 | \$— |
| 1103 Cardiomyopathy                         | 164   | 82    | —   |
| 1104 Neoplasia Heart & Pericardium Surgical | 760   | 400   | 100 |
| 1105 Myocarditis                            | 270   | 147   | —   |
| 1108 Valvular Heart Disease                 | 230   | 115   | —   |
| 1111 Cardiovascular Collapse (Shock)        | 230   | 140   | —   |

**ESOPHAGUS/CROP**  
*Diagnostics (Maximum Allowed \$200)\**

|  |       |      |     |
|--|-------|------|-----|
| 1175 Crop Trauma Medical                                   | \$133 | \$60 | \$— |
| 1176 Crop Trauma Surgical                                  | 265   | 185  | 90  |
| 1178 Crop Stasis/Crop Impaction Medical/<br>Foreign Object | 147   | 79   | 74  |
| 1179 Inguvotomy Crop Impaction Surgical/<br>Foreign Object | 265   | 185  | 89  |
| 1180 Behavioral Regurgitation                              | 85    | 50   | —   |
| 1206 Neoplasia Medical                                     | 96    | 79   | —   |
| 1207 Neoplasia Surgical                                    | 482   | 289  | 90  |
| 1208 Megaesophagus   | 248   | 101  | —   |
| 1210 Esophagitis/Ingluvitis                                | 147   | 79   | —   |

**ABDOMINAL WALL DISORDERS**  
*Diagnostics (Maximum Allowed \$200)\**

|                       |       |      |     |
|-----------------------|-------|------|-----|
| 1211 Peritonitis      | \$186 | \$53 | \$— |
| 1213 Neoplasia        | 360   | 230  | 74  |
| 1214 Traumatic Hernia | 209   | 134  | 74  |

**PROVENTRICULAR/VENTRIVULAR DISORDERS**  
*Diagnostics (Maximum Allowed \$220)\**

|                              |       |       |      |
|------------------------------|-------|-------|------|
| 1177 Foreign Object Surgical | \$367 | \$245 | \$90 |
| 1181 Foreign Object Medical  | 179   | 105   | —    |

|  |       |       |      |
|--|-------|-------|------|
| 1225 Neoplasia Surgical                                  | \$482 | \$289 | \$90 |
| 1234 Proventriculitis/Ventriculitis                      | 139   | 68    | —    |
| 1237 Neoplasia Medical                                   | 96    | 79    | —    |
| 1238 Grit Impaction/Proventriculotomy/<br>Ventriculotomy | 467   | 305   | 90   |

**GASTROINTESTINAL DISORDERS**  
*Diagnostics (Maximum Allowed \$220)\**

|  |       |       |      |
|--|-------|-------|------|
| 1217 Exploratory Celiotomy               | \$450 | \$225 | \$90 |
| 1226 Gastro Ulceration                   | 188   | 105   | —    |
| 1231 Food Allergy                        | 90    | 45    | —    |
| 1232 ILEUS                               | 140   | 65    | —    |
| 1233 Gastrointestinal Alimentation       | —     | 75    | —    |
| 1240 Endotoxic Shock                     | 200   | 85    | —    |
| 1241 Enteritis/Colitis/Wet Tail          | 96    | 50    | —    |
| 1242 Foreign Object Medical              | 179   | 105   | —    |
| 1243 Foreign Object Surgical             | 475   | 270   | 90   |
| 1244 Intussusception/Volvulus Surgery    | 360   | 215   | 90   |
| 1245 Maldigestion/Malabsorption Syndrome | 140   | 76    | —    |
| 1257 Rectal Prolapse                     | 183   | 85    | 74   |
| 1265 Perianal Neoplasia                  | 208   | 132   | 89   |

**PANCREATIC DISORDERS**  
*Diagnostics (Maximum Allowed \$220)\**

|  |       |       |     |
|--|-------|-------|-----|
| 1270 Pancreatitis                      | \$265 | \$115 | \$— |
| 1271 Exocrine Pancreatic Insufficiency | 120   | 60    | —   |
| 1283 Neoplasia                         | 800   | 400   | 100 |

**HEPATIC/GALL BLADDER DISORDERS**  
*Diagnostics (Maximum Allowed \$190)\**

|                                 |       |      |     |
|---------------------------------|-------|------|-----|
| 1287 Lipidosis                  | \$170 | \$60 | \$— |
| 1288 Hemochromatosis            | 200   | 80   | —   |
| 1289 Neoplasia Medical          | 250   | 120  | —   |
| 1290 Hepatitis/Cholangitis      | 250   | 120  | —   |
| 1291 Cirrhosis/Amyloidosis      | 250   | 120  | —   |
| 1292 Neoplasia Surgical         | 600   | 300  | 100 |
| 1293 Hepatic Encephalopathy     | 250   | 120  | —   |
| 1294 Abscess/Granuloma Surgical | 600   | 300  | 100 |

**DERMATOLOGY**  
*Diagnostics (Maximum Allowed \$175)\**

| <b>Feathers</b>                   |      |      |      |
|-----------------------------------|------|------|------|
| 1309 Broken Blood Feather         | \$80 | \$40 | \$74 |
| 1348 Self-mutilation-behavioral   | 110  | 65   | —    |
| 1349 Trauma                       | 140  | 60   | 74   |
| 1350 Oil-damaged                  | 140  | 60   | —    |
| 1351 Feather Cyst                 | 110  | 60   | —    |
| 1352 Delayed Molt                 | 110  | 68   | —    |
| 1353 Nutritional-Feather Disorder | 110  | 68   | —    |

\*Specialized Diagnostic Test allowances as listed on this schedule may also be eligible for coverage.  
This allowance is in addition to the maximum Diagnostic allowances as listed under each system.

|   | Column I | Column II | Column III |
|---|----------|-----------|------------|
| <b>SKIN/SHELL DISORDERS</b>                 |          |           |            |
| <b>Diagnostics (Maximum Allowed \$175)*</b> |          |           |            |
| 1302 Laceration/Trauma Surgical             | \$130    | \$55      | \$80       |
| 1305 Abrasion/Trauma Medical                | 100      | 50        | —          |
| 1306 Abscess/Granuloma                      | 160      | 75        | 80         |
| 1322 Allergic Dermatitis                    | 90       | 40        | —          |
| 1323 Dermatomycosis                         | 150      | 70        | —          |
| 1325 Endocrine Alopecia/Tail Alopecia       | 96       | 48        | —          |
| 1329 Neoplasia Surgical                     | 140      | 58        | 84         |
| 1335 Folliculitis/Dermatitis/Pyoderma       | 140      | 60        | —          |
| 1354 Constricted Toe Syndrome               | 80       | 40        | —          |
| 1355 Pododermatitis/Sore Hocks              | 140      | 60        | —          |
| 1360 Broken Shell                           | 130      | 55        | 80         |
| 1361 Shell Rot                              | 96       | 48        | —          |

**RESPIRATORY**

**Diagnostics (Maximum Allowed \$200)\***

|   |       |      |      |
|---|-------|------|------|
| 1401 Foreign Object Medical                   | \$130 | \$70 | \$80 |
| 1420 Tracheitis/Bronchitis                    | 110   | 60   | —    |
| 1424 Foreign Object Surgical                  | 180   | 80   | 80   |
| 1427 Neoplasia Medical                        | 160   | 80   | —    |
| 1428 Neoplasia Surgical                       | 600   | 380  | 100  |
| 1430 Tracheotomy                              | —     | 100  | 90   |
| 1442 Asthma/Bronchitis                        | 150   | 75   | —    |
| 1447 Pneumonia                                | 300   | 160  | —    |
| 1455 Air Sacculitis                           | 150   | 75   | —    |
| 1456 Chronic Progressive Respiratory Disorder | 200   | 120  | —    |
| 1457 Air Sac Breathing Tube Placement         | —     | 60   | 90   |

**REPRODUCTIVE SYSTEM DISORDERS**

**Diagnostics (Maximum Allowed \$165)\***

|  |       |      |     |
|--|-------|------|-----|
| 1501 Vaginitis/Metritis                  | \$100 | \$52 | \$— |
| 1506 Vaginal Neoplasia                   | 204   | 140  | 90  |
| 1511 Pyometra Surgical                   | 380   | 190  | 90  |
| 1526 Mastectomy                          | 185   | 105  | 90  |
| 1530 Mastitis/Abscess                    | 160   | 75   | 80  |
| 1544 Balanoposthitis/Pharaphimosis       | 96    | 45   | 74  |
| 1531 Orchitis                            | 90    | 40   | —   |
| 1542 Testicular/Ovario/Uterine/Neoplasia | 320   | 180  | 90  |
| 1571 Egg Binding Medical                 | 110   | 60   | —   |
| 1572 Egg Binding Surgical                | 210   | 140  | 90  |
| 1573 Salpingitis                         | 110   | 60   | —   |
| 1574 Ectopic Eggs Surgical               | 280   | 160  | 90  |
| 1575 Yolk Peritonitis                    | 140   | 80   | —   |
| 1576 Excessive Egg Laying Medical        | 140   | 80   | —   |
| 1577 Salpingohysterectomy                | 290   | 190  | 90  |

**CHEMICAL & PHYSICAL DISORDERS**

**Diagnostics (Maximum Allowed \$200)\***

|                                   |       |      |     |
|-----------------------------------|-------|------|-----|
| 1606 Household Chemical Poisoning | \$130 | \$80 | \$— |
|-----------------------------------|-------|------|-----|

|                                       | Column I | Column II | Column III |
|---------------------------------------|----------|-----------|------------|
| 1607 Drug Reactions/Toxicity          | \$130    | \$80      | \$—        |
| 1609 Plant Poisoning                  | 160      | 85        | —          |
| 1615 Heavy Metals (lead/zinc)         | 240      | 140       | —          |
| 1616 Insecticides/Pesticide Poisoning | 180      | 90        | —          |
| 1617 Inhalant Poisoning               | 200      | 95        | —          |
| 1618 Thermal Burns                    | 200      | 110       | 90         |
| 1654 Hypothermia                      | 150      | 80        | —          |

**URINARY TRACT DISORDERS**

**Diagnostics (Maximum Allowed \$225)\***

|                                  |       |       |     |
|----------------------------------|-------|-------|-----|
| 1704 Nephritis/Renal Failure     | \$300 | \$160 | \$— |
| 1706 Neoplasia Medical           | 260   | 140   | —   |
| 1719 Neoplasia Surgical          | 600   | 280   | 100 |
| 1720 Renal Amyloidosis           | 400   | 190   | —   |
| 1721 Gout (Visceral)             | 220   | 160   | —   |
| 1801 Urolithiasis Surgical       | 328   | 195   | 95  |
| 1802 Cystitis/Urethritis Medical | 104   | 58    | —   |

**INFECTIOUS DISEASES**

**Diagnostics (Maximum Allowed \$200)\***

|  |       |      |     |
|--|-------|------|-----|
| 2001 Papillomatosis                    | \$160 | \$70 | \$— |
| 2002 Salmonellosis                     | 108   | 56   | —   |
| 2003 Parvovirus/Aleutian Disease       | 110   | 75   | —   |
| 2006 URI/Influenza/Pasteurellosis      | 160   | 75   | —   |
| 2010 Canine Distemper                  | 160   | 75   | —   |
| 2020 FUO                               | 185   | 105  | —   |
| 2025 Mycobacteriosis                   | 275   | 170  | —   |
| 2026 Chlamydiosis                      | 275   | 170  | —   |
| 2027 Aspergillosis                     | 200   | 120  | —   |
| 2029 Fungal-General                    | 200   | 120  | —   |
| 2030 Psittacine Beak & Feather Disease | 80    | 40   | —   |
| 2031 Polyomavirus                      | 160   | 70   | —   |
| 2032 Herpesvirus (Pacheco's Disease)   | 200   | 120  | —   |
| 2033 Poxvirus                          | 160   | 70   | —   |
| 2034 Paramyxovirus (Newcastle Disease) | 200   | 120  | —   |
| 2035 Proventricular Dilatation Disease | 159   | \$87 | —   |
| 2036 Candidiasis                       | 170   | 80   | —   |
| 2037 Cryptococcosis                    | 275   | 170  | —   |
| 2038 Treponematoses (Rabbit Syphilis)  | 108   | 56   | —   |

**OPHTHALMOLOGICAL DISORDERS**

**Diagnostics (Maximum Allowed \$110)\***

|                                    |      |      |     |
|------------------------------------|------|------|-----|
| 2107 Conjunctivitis                | \$90 | \$50 | \$— |
| 2111 Corneal Ulceration            | 120  | 50   | 74  |
| 2114 Uveitis/Iritis/Retinitis      | 140  | 65   | —   |
| 2121 Foreign Body                  | 120  | 50   | 74  |
| 2126 Enucleation                   | 350  | 180  | 89  |
| 2136 Cataract Medical              | 110  | 50   | —   |
| 2140 Retained Spectacles/Infection | 80   | 46   | —   |

\*Specialized Diagnostic Test allowances as listed on this schedule may also be eligible for coverage. This allowance is in addition to the maximum Diagnostic allowances as listed under each system.

| Code   | Diagnosis                             | Column I | Column II | Column III | Column I | Column II | Column III |
|--|---------------------------------------|----------|-----------|------------|----------|-----------|------------|
| <b>NEUROLOGIC DISORDERS</b>                  |                                       |          |           |            |          |           |            |
| <b>Diagnostics (Maximum Allowed \$250)*</b>  |                                       |          |           |            |          |           |            |
| 2204   | Encephalitis/Meningitis               | \$258    | \$140     | \$90       |          |           |            |
| 2205   | Epilepsy/Seizures                     | 120      | 80        | —          |          |           |            |
| 2211   | Stroke                                | 120      | 80        | —          |          |           |            |
| 2212   | Concussion                            | 180      | 95        | —          |          |           |            |
| 2214   | Hypoglycemia                          | 140      | 65        | —          |          |           |            |
| 2215   | Neoplasia Medical                     | 200      | 120       | —          |          |           |            |
| 2223   | Neoplasia Surgical                    | 800      | 440       | 120        |          |           |            |
| 2227   | Ataxia/Vestibular Disease             | 140      | 75        | —          |          |           |            |
| 2235   | Limb Paralysis/Paralysis Syndrome     | 120      | 60        | —          |          |           |            |
| 2729   | Soft Tissue Trauma Medical            |          |           |            | \$130    | \$65      | \$—        |
| 2733   | Toe Amputation                        |          |           |            | 200      | 90        | 85         |
| 2734   | Torn Nail                             |          |           |            | 80       | 30        | —          |
| 2737   | Limb Amputation                       |          |           |            | 480      | 320       | 100        |
| 2754   | Elbow Luxation Surgical               |          |           |            | 300      | 190       | 85         |
| 2764   | Soft Tissue Trauma Surgical           |          |           |            | 140      | 90        | 85         |
| 2765   | Gout (Articular)                      |          |           |            | 120      | 60        | —          |
| 2766   | Vertebral Fracture/Luxation Medical   |          |           |            | 220      | 90        | —          |
| 2768   | Carpus Luxation Medical               |          |           |            | 160      | 90        | 79         |
| 2769   | Carpus Luxation Surgical              |          |           |            | 300      | 190       | 85         |
| 2770   | Coxofemoral Luxation Medical          |          |           |            | 180      | 90        | 80         |
| 2771   | Coxofemoral Luxation Surgical         |          |           |            | 330      | 200       | 90         |
| <b>EAR DISORDERS</b>                         |                                       |          |           |            |          |           |            |
| <b>Diagnostics (Maximum Allowed \$150)*</b>  |                                       |          |           |            |          |           |            |
| 2303   | Trauma                                | \$95     | \$55      | \$—        |          |           |            |
| 2304   | Ear Canal Neoplasia                   | 320      | 156       | 90         |          |           |            |
| 2305   | Otitis Externa                        | 110      | 70        | 74         |          |           |            |
| 2307   | Otitis Interna                        | 140      | 75        | 74         |          |           |            |
| 2308   | Foreign Body                          | 140      | 75        | 74         |          |           |            |
| <b>NASAL CAVITY</b>                          |                                       |          |           |            |          |           |            |
| <b>Diagnostics (Maximum Allowed \$150)*</b>  |                                       |          |           |            |          |           |            |
| 2401   | Rhinitis/Sinusitis/Allergic           | \$130    | \$70      | \$—        |          |           |            |
| 2404   | Trauma                                | 140      | 75        | 74         |          |           |            |
| 2405   | Granuloma Surgical                    | 240      | 160       | 85         |          |           |            |
| 2406   | Neoplasia Surgical                    | 240      | 160       | 80         |          |           |            |
| <b>ORAL CAVITY</b>                           |                                       |          |           |            |          |           |            |
| <b>Diagnostics (Maximum Allowed \$150)*</b>  |                                       |          |           |            |          |           |            |
| 2501   | Stomatitis/Pharyngitis                | \$95     | \$60      | \$—        |          |           |            |
| 2502   | Abscessed Tooth                       | 94       | 56        | 74         |          |           |            |
| 2504   | Neoplasia                             | 210      | 115       | 89         |          |           |            |
| 2505   | Trauma Medical                        | 80       | 40        | —          |          |           |            |
| 2517   | Abscess/Granuloma/Mouth Rot           | 169      | 96        | 74         |          |           |            |
| 2518   | Trauma Surgical                       | 162      | 89        | 74         |          |           |            |
| 2519   | Overgrown Teeth                       | 50       | 20        | —          |          |           |            |
| <b>MUSCULOSKELETAL DISORDERS</b>             |                                       |          |           |            |          |           |            |
| <b>Diagnostics (Maximum Allowed \$175)*</b>  |                                       |          |           |            |          |           |            |
| 2217   | Spondylitis                           | \$200    | \$90      | \$—        |          |           |            |
| 2710   | Myositis/Cellulitis/Myopathy          | 140      | 70        | —          |          |           |            |
| 2711   | Arthritis                             | 120      | 60        | —          |          |           |            |
| 2715   | Osteomyelitis Medical                 | 200      | 90        | —          |          |           |            |
| 2716   | Osteomyelitis Surgical                | 410      | 210       | 100        |          |           |            |
| 2720   | Tendon Rupture Medical                | 175      | 100       | 80         |          |           |            |
| 2721   | Tendon Rupture Surgical               | 300      | 180       | 90         |          |           |            |
| 2722   | Osteogenic Sarcoma                    | 270      | 160       | 90         |          |           |            |
| 2724   | Sprain                                | 90       | 60        | —          |          |           |            |
| 2728   | Neoplasia Surgical                    | 200      | 90        | 85         |          |           |            |
| <b>FRACTURES PECTORAL GIRDLE/PELVIS</b>      |                                       |          |           |            |          |           |            |
| <b>Diagnostics (Maximum Allowed \$175)*</b>  |                                       |          |           |            |          |           |            |
| 2840   | Cage Rest                             |          |           |            | \$140    | \$—       | \$—        |
| 2841   | External Coaptation                   |          |           |            | 200      | 90        | 85         |
| 2842   | Internal Fixation                     |          |           |            | 350      | 200       | 90         |
| 2851   | Plate                                 |          |           |            | 896      | 560       | 105        |
| <b>FRACTURES HUMERUS/FEMUR/RADIUS ULNA</b>   |                                       |          |           |            |          |           |            |
| <b>Diagnostics (Maximum Allowed \$175)*</b>  |                                       |          |           |            |          |           |            |
| 2821   | External Coaptation                   |          |           |            | \$175    | \$100     | \$90       |
| 2830   | Pins/Wires/External Skeletal Fixation |          |           |            | 320      | 190       | 95         |
| 2831   | Plate                                 |          |           |            | 756      | 520       | 105        |
| <b>FRACTURES CARPOMETACARPUS</b>             |                                       |          |           |            |          |           |            |
| <b>Diagnostics (Maximum Allowed \$175)*</b>  |                                       |          |           |            |          |           |            |
| 2850   | Pins/Wires/External Skeletal Fixation |          |           |            | \$260    | \$140     | \$90       |
| 2852   | External Coaptation Splint            |          |           |            | 180      | 90        | 80         |
| <b>FRACTURES TIBIOTARSUS/TARSOMETATARSUS</b> |                                       |          |           |            |          |           |            |
| <b>Diagnostics (Maximum Allowed \$175)*</b>  |                                       |          |           |            |          |           |            |
| 2873   | External Coaptation                   |          |           |            | \$210    | \$90      | \$85       |
| 2874   | Pins/Wires/External Skeletal Fixation |          |           |            | 310      | 165       | 90         |
| <b>FRACTURES DIGITS</b>                      |                                       |          |           |            |          |           |            |
| <b>Diagnostics (Maximum Allowed \$175)*</b>  |                                       |          |           |            |          |           |            |
| 2862   | External Coaptation                   |          |           |            | \$100    | \$60      | \$80       |
| <b>ENDOCRINOLOGY</b>                         |                                       |          |           |            |          |           |            |
| <b>Diagnostics (Maximum Allowed \$225)*</b>  |                                       |          |           |            |          |           |            |
| 2904   | Goiter                                |          |           |            | \$120    | \$60      | \$—        |
| 2905   | Adrenal Disorders                     |          |           |            | 300      | 160       | —          |
| 2920   | Hypothyroidism                        |          |           |            | 110      | 60        | —          |
| 2950   | Diabetes Mellitus                     |          |           |            | 400      | 190       | —          |
| 2951   | Endocrine Neoplasia Surgical          |          |           |            | 544      | 285       | 100        |

\*Specialized Diagnostic Test allowances as listed on this schedule may also be eligible for coverage. This allowance is in addition to the maximum Diagnostic allowances as listed under each system.

| Code  | Diagnosis  | Column I | Column II | Column III | Column I | Column II | Column III |
|---|--|----------|-----------|------------|----------|-----------|------------|
| <b>BLOOD CELL DISORDERS</b>                 |  |          |           |            |          |           |            |
| <i>Diagnostics (Maximum Allowed \$200)*</i> |  |          |           |            |          |           |            |
| 3004  | Chronic Anemia   | \$175    | \$90      | \$—        |          |           |            |
| 3007  | Myeloproliferative Disorder/Polycythemia               | 220      | 95        | —          |          |           |            |
| 3008  | Leukemia   | 290      | 150       | —          |          |           |            |
| 3011  | Transfusion Therapy                                    | —        | 140       | —          |          |           |            |
| 3015  | Acute Anemia   | 150      | 80        | —          |          |           |            |
| 3030  | Vitamin K Syndrome                                     | 90       | 40        | —          |          |           |            |
| <b>LYMPHATIC DISORDERS</b>                  |  |          |           |            |          |           |            |
| <i>Diagnostics (Maximum Allowed \$200)*</i> |  |          |           |            |          |           |            |
| 3102  | Lymphadenitis  | \$126    | \$64      | \$—        |          |           |            |
| 3103  | Lymphosarcoma  | 400      | 250       | —          |          |           |            |
| 3105  | Myeloid Neoplasm                                       | 330      | 190       | —          |          |           |            |
| <b>SPLEEN</b>                               |  |          |           |            |          |           |            |
| <i>Diagnostics (Maximum Allowed \$200)*</i> |  |          |           |            |          |           |            |
| 3203  | Splenectomy  | \$540    | \$280     | \$100      |          |           |            |
| 3204  | Splenomegaly   | 108      | 70        | —          |          |           |            |
| <b>CLOACAL DISORDERS</b>                    |  |          |           |            |          |           |            |
| <i>Diagnostics (Maximum Allowed \$220)*</i> |  |          |           |            |          |           |            |
| 4101  | Cloacitis  | \$115    | \$50      | \$—        |          |           |            |
| 4102  | Neoplasia  | 210      | 115       | —          |          |           |            |
| 4103  | Prolapse Medical                                       | 200      | 100       | 89         |          |           |            |
| 4104  | Prolapse Surgical                                      | 400      | 240       | 89         |          |           |            |
| 4107  | Cloacolith   | 125      | 60        | 74         |          |           |            |
| <b>BEAK</b>                                 |  |          |           |            |          |           |            |
| <i>Diagnostics (Maximum Allowed \$175)*</i> |  |          |           |            |          |           |            |
| 4201  | Beak Trauma Medical                                    | \$90     | \$45      | \$—        |          |           |            |
| 4202  | Beak Trauma Surgical                                   | 180      | 90        | 84         |          |           |            |
| 4204  | Neoplasia  | 140      | 58        | 80         |          |           |            |
| <b>CERE</b>                                 |  |          |           |            |          |           |            |
| <i>Diagnostics (Maximum Allowed \$175)*</i> |  |          |           |            |          |           |            |
| 4301  | Trauma   | \$140    | \$58      | \$—        |          |           |            |
| 4302  | Neoplasia  | 140      | 60        | 80         |          |           |            |
| <b>NUTRITIONAL DISORDERS</b>                |  |          |           |            |          |           |            |
| <i>Diagnostics (Maximum Allowed \$175)*</i> |  |          |           |            |          |           |            |
| 4401  | Vitamin D Toxicity                                     | \$120    | \$60      | \$—        |          |           |            |
| 4402  | Chronic Malnutrition/<br>Secondary Hyperparathyroidism | 120      | 60        | —          |          |           |            |
| 4403  | Vitamin A Deficiency                                   | 100      | 50        | —          |          |           |            |
| 4404  | Metabolic Bone Disease                                 | 120      | 60        | —          |          |           |            |
| 4405  | Hypocalcemia Syndrome                                  | 120      | 60        | —          |          |           |            |
| 4406  | Obesity  | \$80     | \$30      | \$—        |          |           |            |
| 4408  | Vitamin E/Selenium Deficiency                          | 100      | 50        | —          |          |           |            |
| 4409  | Vitamin C Deficiency                                   | 100      | 50        | —          |          |           |            |
| 4410  | Vitamin B Deficiency                                   | 100      | 50        | —          |          |           |            |

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**DIAGNOSTIC TESTS**

**Allowances**

|  |      |
|--|------|
| ACh Receptor Antibody Titer            | \$45 |
| Activated Clotting Time                | 20   |
| Adrenal Profile                        | 80   |
| Amylase/Lipase                         | 30   |
| Biopsy (Skin)                          | 80   |
| Biopsy (Ultrasound Guided)             | 140  |
| Bile Acids                             | 46   |
| Bleeding Time                          | 15   |
| Blood Gases                            | 30   |
| Blood Pressure                         | 20   |
| Blood Titer/Serology                   | 45   |
| Bone Marrow Aspirate                   | 90   |
| CBC                                    | 35   |
| Chemistry + CBC + T4                   | 87   |
| Chemotherapy Sensitivity Testing       | 58   |
| Coagulation Panel/PIVKA                | 80   |
| Corneal Stain                          | 25   |
| Coomb's Test                           | 45   |
| Cross Match/Blood Type                 | 35   |
| Culture and Sensitivity                | 50   |
| Cytology                               | 35   |
| Drug Level                             | 45   |
| ECG                                    | 55   |
| EEG/ERG                                | 65   |
| Fluid Analysis                         | 35   |
| Fungal Culture                         | 35   |
| Fungal/Rickettsial Titer               | 45   |
| Histopathology                         | 58   |
| Immune Panel                           | 80   |
| Insulin Level                          | 45   |
| Ionized Calcium                        | 30   |
| Na+ / K+ / Glucose / BUN               | 30   |
| Nerve Conduction Velocity              | 65   |
| Radiographs                            | 90   |
| Reticulocyte Count/Platelet Count      | 22   |
| Serum Chemistry                        | 50   |
| Serum Protein Electrophoresis          | 45   |
| Serum Total Iron Binding Capacity      | 45   |
| Skin Scraping                          | 25   |
| Single Chemistry Test                  | 20   |
| Special Tissue Staining (Gram, Acid)   | 20   |
| T3- T4 or T4 Pre & post TSH            | 60   |
| TLI/Malabsorption/Malassimilation Test | 50   |
| Tonometry                              | 30   |
| Toxicology                             | 45   |
| Triglycerides/Cholesterol              | 45   |
| UCC/UPC/UUA Ratios                     | 40   |
| Urinalysis                             | 20   |

**\*Specialized Diagnostic Tests**

**Allowances**

|                               |       |
|-------------------------------|-------|
| Allergin Test                 | \$135 |
| Contrast Radiograph           | 150   |
| CT Scan                       | 400   |
| Endoscopy - Rhinoscopy        | 150   |
| Myelogram                     | 135   |
| MRI Scan                      | 400   |
| Nuclear Imaging               | 300   |
| Spinal Tap/Culture & Analysis | 90    |
| Ultrasound/Echocardiogram     | 150   |

**AVIAN SPECIFIC DIAGNOSTIC TESTS**

**Allowances**

|  |      |
|--|------|
| Acid Fast/Gram/Special Stain               | \$20 |
| Anaerobic /Aerobic Culture and Sensitivity | 50   |
| Aspergillus Titer                          | 45   |
| Avian Chemistry Panel                      | 50   |
| Avian Profile (CBC & Chemistry)            | 85   |
| Bile Acids                                 | 46   |
| Bone Marrow Cytology                       | 90   |
| CBC/Differential                           | 35   |
| Chlamydia Antibody/Antigen                 | 45   |
| Chlamydia PCR                              | 45   |
| Cytology                                   | 35   |
| Fungal Culture                             | 35   |
| Fluid Analysis and Cytology                | 70   |
| Histopathology                             | 58   |
| Lead Assay                                 | 60   |
| Mycoplasma Culture                         | 40   |
| PBFD Virus DNA                             | 60   |
| Polyoma Virus DNA                          | 60   |
| Protein Electrophoresis                    | 45   |
| Radiographs                                | 65   |
| Single Serum Chemistry                     | 20   |
| Skin/Feather Biopsy                        | 80   |
| T4   | 20   |
| Zinc Assay                                 | 60   |

For diagnoses and tests not listed, please call our Customer Care department at 800-540-2016

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