

NATIONAL CASUALTY COMPANY

Home Office: Madison, WI 53703-2783

A Stock Insurance Company

Administrative Office: 8877 N. Gainey Center Dr., Scottsdale, AZ 85258 • 800-423-7675

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® STANDARD PLAN—COVERAGE FORM

1. INSURING CLAUSE

In return for **your** payment of premium when due and **your** compliance with the provisions of this policy, **we** will pay **your** incurred policy benefits as listed under "Benefit Provisions." **We** will pay only those **veterinary services** expenses **you** incur during the policy term. Benefit payments are subject to all exclusions, limitations, and **conditions** of this insurance policy.

2. DEFINITIONS: We define words or phrases in **your** policy. **We** identify these terms with **bold typeface**.

Congenital disorder	Means an abnormality present at birth, whether apparent or not, that can cause illness or disease. See Section 8 for examples.
Condition	Means an illness, injury, or disease. All manifestations of clinical signs or symptoms of an illness, injury, or disease, regardless of the number of affected areas of your pet's body, constitute one condition .
Curable	Means capable of being cured .
Cured	Means resolution of a condition so that ongoing or intermittent treatment is not required and recurrences or complications are not expected.
Hereditary disorder	Means an abnormality transmitted by gene(s) from parent to offspring, whether apparent or not, that can cause illness or disease.
Incident	Means any condition that causes you to consult a veterinarian . Chronic or ongoing conditions , e.g. allergic dermatitis, will be considered one incident no matter how many times you consult a veterinarian .
Pet	Means the animal identified on the Declarations Page or Renewal Certificate of your policy.
Plan C	Means the Veterinary Pet Insurance Standard Plan.
Pre-existing condition	Means any condition that began or was contracted, manifested, or incurred before the effective date of this policy, whether or not the condition was discovered, diagnosed, or treated.
Specialist	Means a diplomate of a specialty board recognized by the American Veterinary Medical Association.
Veterinarian	Means a legally licensed veterinary practitioner.
Veterinary services	Means medical treatment provided by or under the direct supervision of a veterinarian .
Void	Means declaring during the policy term that your policy is not in force and has no effect.
We or us	Means the company providing this insurance.
You or your	Means the policyholder listed on the Declarations Page or Renewal Certificate of this insurance policy.

3. POLICY EFFECTIVE DATE

Your policy will be in effect at the time and date shown on **your** Declarations Page or Renewal Certificate. For **Plan C**, the effective date will be not less than fourteen (14) calendar days after **we** accept and approve the application and the premium is paid to **us**.

4. BENEFIT PROVISIONS—PLAN C

- A. **We** will pay reasonable and necessary **veterinary services** expenses for **your pet's condition** that occurs and is treated during the policy term. To be eligible for payment, **your pet's condition** must come within a primary diagnostic code listed on the Standard Plan Benefit Schedule. Each **condition** is eligible for payment under only one primary diagnostic code and any applicable secondary diagnostic code, per **incident**.
- B. The amount **we** will pay for any **condition** covered by this policy is determined by: (1) **your veterinary services** expenses, (2) the Benefit Schedule, and (3) **your** deductible. **We** will pay 90% of covered **veterinary services** expenses up to a maximum of 90% of the Benefit Schedule diagnostic code that applies to **your pet's condition**, less **your** deductible.
- C. Payments under this insurance policy are limited to a maximum of \$2,500 per **incident** and a maximum of \$9,000 for each policy term.

- D. If **your pet** has a **condition** requiring **your** primary **veterinarian** to refer **your pet** to another **veterinarian** who is a **specialist**, **you** will receive a second Benefit Schedule allowance for **your pet's** treatment by the **specialist**. This additional allowance applies once per **incident** and does not increase **your** policy's maximum benefit per **incident** or the maximum benefit for each policy term.

5. DEDUCTIBLE

We specify **your** deductible on the Declarations Page or Renewal Certificate of **your** policy. **Your** deductible will apply once to each **incident** during the policy term.

6. CO-PAYMENT

We specify **your** co-payment on the Declarations Page or Renewal Certificate of **your** policy. **We** will apply a co-payment to each claim.

7. ASSIGNMENT OR TRANSFER OF POLICY

You may not assign this policy in whole or in part to any other person or for any other **pet**.

8. WHAT WE DO NOT COVER: EXCLUSIONS

This policy will not pay for:

- A. **Pre-existing conditions.** A **condition** is not **pre-existing** if it was **cured** before the effective date of this insurance policy and there has not been a recurrence or manifestation of the **condition** for at least six (6) months.
- B. The **conditions** listed on the Declarations Page or Renewal Certificate of **your** policy.
- C. The diagnosis, medical management or surgical correction of anterior cruciate ligament (ACL) damage or rupture to **your pet** that occurs during the first 12 calendar months this policy is in effect.
- D. The following musculoskeletal disorders: (1) hip dysplasia, (2) elbow dysplasia, (3) osteochondritis dissecans, (4) aseptic necrosis of the femoral head, (5) cervical vertebral instability, and (6) patellar luxation.
- E. The following urinary tract disorders: (1) renal dysplasia, and (2) cystine urolithiasis.
- F. The following ocular disorders: (1) prolapsed gland of the 3rd eyelid, (2) everted, scrolled or inverted cartilage of the 3rd eyelid, (3) distichiasis, (4) ectopic cilia, (5) ectropion, (6) entropion, (7) primary glaucoma, (8) retinal dysplasia, (9) progressive retinal atrophy, (10) corneal dystrophy, including indolent ulcers in pets 6 years of age and older, and (11) cataracts of dogs 6 years of age and younger unless secondary to documented injury or diabetes mellitus.
- G. The following endocrine disorder: (1) sex hormone dermatosis and (2) growth hormone dermatosis.
- H. The following respiratory disorder: (1) collapsed trachea.
- I. The following multi-systemic disorder: (1) histiocytosis (cutaneous, systemic or malignant).
- J. Diagnosis or treatment of any **congenital disorder** or any **condition** resulting from the **congenital disorder**. Examples of **congenital conditions** are blood clotting deficiencies, portosystemic shunts, urinary tract calculi secondary to metabolic defects, and **congenital** anatomical defects. This is not a complete list.
- K. Diagnosis or treatment of any **hereditary disorder** or any **condition** resulting from the **hereditary disorder**. **You** may obtain a list of **conditions we** regard as breed-specific **hereditary disorders** through our Web site, www.petinsurance.com or call **us** at 800-USA-PETS.
- L. Elective procedures or cosmetic surgeries including, but not limited to, tail docking, dewclaws, skin folds and nail trims.
- M. Expression of anal glands or anal sacculitis and removal of anal glands.
- N. Breeding, artificial insemination, or **conditions** related to pregnancy, including cesarean section, dystocia, or termination of pregnancy.
- O. Special diets, pet foods, vitamins, minerals and nutritional supplements, boarding or transport expenses, grooming costs and bathing—including medicated baths.
- P. 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**.
- Q. Diagnosis, treatment, training, or therapy for behavioral problems.
- R. Diagnosis of, or treatment for, internal or external parasites including, but not limited to, fleas, heartworms, and roundworms. **We** will not pay for preventive treatment or preventive diagnostics associated with internal or external parasites.
- S. Orthodontics, endodontics, or removal of deciduous teeth.
- T. Diagnostic test(s) or treatment(s) for **conditions** excluded or limited by this policy or tests or treatments for complications of **conditions** excluded or limited by this policy.
- U. Preventive treatment or diagnostics associated with preventive treatment.
- V. Routine examinations, vaccines, teeth cleaning or polishing.
- W. Spaying and neutering.

- X. Any injury to the insured **pet** caused intentionally by **you** or anyone who lives in **your** household.
- Y. Any **condition** caused directly or indirectly by war, terrorism, rebellion, insurrection, or any release of nuclear radiation or radioactive contamination, regardless of cause.

9. OTHER INSURANCE

This insurance is excess over any other insurance whether collectable or not, that covers **your pet**.

10. TERMINATION OF INSURANCE

- A. The 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 the address shown on the Declarations Page or Renewal Certificate of **your** policy 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.

11. LIBERALIZATION

If **we** revise this policy form and broaden **your** coverage without charge, **you** will receive the broader coverage as soon as **we** make the revision.

12. REVIEW

You may request a review: (1) if **we** deny **your** claim in whole or in part, or (2) to ask that **we** remove an excluded **condition** listed on the Declarations Page or Renewal Certificate of **your** policy. **Your** request must be in writing. **You** must provide **us** with all medical records and any other supporting documentation upon our reasonable request. **We** will not review 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. INSURED'S DUTIES

- A. **You** must submit all itemized receipts of treatment from a **veterinarian** with **your** fully completed and legible claim form. In all cancer treatment claims, **you** may be required to submit documentation of a test or tests showing that **your pet** was treated for a malignant **condition**.
- 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. Upon payment of benefits, **we** will be subrogated to **your** rights of recovery from any other party.
- E. **You** agree to provide **us** with all veterinary records when **we** request them.

14. DECLARATIONS

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

15. FRAUD AND CONCEALMENT

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

16. INSTALLMENT PAYMENT SERVICE CHARGE

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



(Effective 4-07. Subject to change)

Column A is the benefit limit for the **Primary Diagnosis or Condition**. This includes exam, injections, hospitalization, treatment, surgery.

Column B is the benefit limit for the **Primary Diagnostic Testing Maximums** listed for the system the diagnosis is under. Specialized Diagnostic Test allowance as listed at the end of this schedule may also be eligible for coverage.

Column C is the benefit limit for **General Anesthesia** as it relates to the primary diagnosis.

Column D is the benefit allowance limit for **Chemotherapy and Radiation treatment** as it relates to the Primary Diagnosis.

Column E is the benefit limit for the **condition** if it is treated as a **Secondary Diagnosis or Condition**, concurrently with the **Primary Diagnosis or Condition**

Column A
(Primary Diagnosis Allowance)

Column B
(Primary Diagnostic Testing Allowance)

Column C
(Primary Anesthesia Allowance)

Column D
(Primary Chemotherapy/Radiation)

Column E
(Secondary Diagnosis Allowance)

Code Diagnosis

CARDIOVASCULAR SYSTEM (1100)

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/Radiation)	Column E (Secondary Diagnosis Allowance)
1101 Arrhythmia	\$95	\$132	\$—	\$—	\$67
1102 Arterial Thromboembolism	222	132	—	—	155
1103 Cardiomyopathy	130	132	—	—	91
1104 Neoplasia, Heart & Pericardium-Surgical	347	132	75	174/800*	258
1105 Myocarditis-Endocarditis	109	132	—	—	76
1106 Pericardial Effusion	228	132	47	—	160
1107 Congestive Heart Failure	143	132	—	—	100
1108 Valvular Heart Disease	67	132	—	—	47
1109 Neoplasia (Peripheral Vessels)	176	132	45	174/800*	123
1110 Cardiac Arrest	108	132	—	—	76
1111 Cardiovascular Collapse (Shock)	122	132	—	—	86
1114 Pacemaker	840	132	126	—	588
1115 Hypertension	62	132	—	—	43
1121 Syncope	95	132	—	—	67
8110 Secondary Tests (Cardiovascular)**	—	—	—	—	86

DIGESTIVE SYSTEM (1200)

Esophageal Disorders

1201 Acquired Achalasia	\$237	\$100	\$—	\$—	\$73
1202 Esophagitis	86	100	—	—	60
1203 Foreign Body Endoscopy	109	100	47	—	91
1205 Foreign Body-Surgical	720	100	75	—	504
1207 Neoplasia, Esophagus-Surgical	420	100	75	174/800*	257
1208 Megaesophagus-Medical	365	100	—	—	76
1209 Megaesophagus-Surgical	495	100	70	—	215

Abdominal Wall Disorders

1211 Peritonitis-Medical	\$139	\$100	\$—	\$—	\$97
1212 Peritonitis-Surgical	530	100	75	—	371
1213 Peritoneal Neoplasia-Surgical	314	100	60	174/800*	167
1214 Trauma-Herniation	229	100	53	—	160
1217 Exploratory-Surgical	—	—	—	—	167

Stomach Disorders

1220 Foreign Body-Medical	\$84	\$100	\$—	\$—	\$59
1221 Foreign Body-Surgical	562	100	72	—	393
1222 Gastritis	73	100	—	—	51
1223 Gastric Dilatation-Medical	194	100	72	—	136
1224 Gastric Torsion-Surgical	970	100	79	—	679
1225 Neoplasia, Stomach-Surgical	479	100	72	174/800*	336
1226 Gastric Ulcer	202	100	—	—	142
1227 Pyloric Stenosis-Surgical	243	100	51	—	113
1228 Pyloric Stenosis-Medical	97	100	—	—	36
1230 Hemorrhagic Gastroenteritis	211	100	—	—	148
1235 P.E.G. Tube	—	—	—	—	85

Small Intestine Disorders

1240 Endotoxic Shock	\$227	\$100	\$—	\$—	\$159
1241 Enteritis	50	100	—	—	35
1242 Foreign Body-Medical	123	100	—	—	57
1243 Foreign Body-Surgical	611	100	69	—	428
1244 Intussusception-Surgical	540	100	75	—	378
1246 Neoplasia, Small Intestine-Surgical	522	100	66	174/800*	365
1247 Mesenteric Volvulus	540	100	75	—	378
1248 Intestinal Resection	720	100	75	—	504
1249 IBD (Biopsy required)	205	100	57	—	144
4010 Lymphangiectasia, Acquired (Biopsy required)	205	100	57	—	144

Code Diagnosis

Large Intestine Disorders

1250 Colitis	\$59	\$100	\$—	\$—	\$41
1251 Megacolon-Acquired-Medical	105	100	—	—	74
1255 Neoplasia, Large Intestine-Surgical	370	100	75	174/800*	213
1256 Rectal Polyps-Surgical/Endoscopy	100	100	57	—	45
1257 Rectal Prolapse-Medical	137	100	44	—	82
4011 Constipation	59	100	—	—	41
8120 Secondary Tests (Digestive)**	—	—	—	—	65

Perineal Disorders

1262 Perianal Fistula-Medical	\$145	\$85	\$—	\$—	\$101
1263 Perianal Fistula-Surgical	184	85	60	—	118
1264 Perineal Hernia-Surgical	360	85	66	—	252
1265 Perineal Neoplasia	219	85	57	174/800*	153
1266 Perineal Hygroma	65	85	42	—	30
4021 Anal Sac Neoplasia	219	85	57	174/800*	153
8126 Secondary Tests (Perineal)**	—	—	—	—	55

Exocrine Pancreatic Disorders

1270 Pancreatitis	\$233	\$120	\$—	\$—	\$163
1271 Exocrine Pancreatic Insufficiency	100	120	—	—	70
1274 Pancreatic Abscess-Surgical	501	120	60	—	286
8127 Secondary Tests (Exocrine Pancreatic)**	—	—	—	—	78

Gall Bladder Disorders

1280 Choleliths-Surgical	\$600	\$95	\$56	\$—	\$228
1281 Cholangitis	147	95	—	—	103
1282 Ruptured Bile Duct-Surgical	720	95	75	—	228
1283 Neoplasia, Gall Bladder-Surgical	540	95	75	174/800*	288
8128 Secondary Tests (Gall Bladder)**	—	—	—	—	62

Hepatic Disorders

1290 Hepatitis	\$135	\$105	\$—	\$—	\$94
1291 Cirrhosis	167	105	—	—	117
1292 Neoplasia, Hepatic-Surgical	399	105	69	174/800*	279
1293 Hepatic Abscess-Surgical	473	105	69	—	331
1294 Trauma-Surgical	361	105	54	—	304
1297 Hepatic Encephalopathy	—	—	—	—	60
4040 Lipidosis	135	105	—	—	\$94
8129 Secondary Tests (Hepatic)**	—	—	—	—	68

DERMATOLOGY (1300)

Wounds

1301 Foreign Body	\$85	\$65	\$44	\$—	\$59
1302 Laceration or Bite Wound	92	65	44	—	65
1303 Lacerations (Multiple)	165	65	57	—	116
1304 Puncture	58	65	44	—	41
1305 Abrasion	44	65	—	—	31
1306 Abscess or Granuloma	98	65	50	—	68
1307 Burn	70	65	—	—	49
1308 Seroma	64	65	—	—	45
1310 Skin Graft	—	—	—	—	125
1312 Bite Wounds (Multiple)	165	65	57	—	116
8130 Secondary Tests (Wounds)**	—	—	—	—	42

Dermatoses

1320 Acanthosis Nigricans	\$58	\$90	\$—	\$—	\$30
1321 Acne	56	90	—	—	39
1322 Atopic or Allergic Dermatitis	55	90	—	—	38
1323 Dermatomyiasis	60	90	—	—	42
1324 Dermal Cyst	65	90	42	—	46
1325 Endocrine Alopecia	53	90	—	—	37
1326 Pyoderma	65	90	—	—	45
1327 Seborrhea	41	90	—	—	29
1328 Lick Granuloma	68	90	44	—	47
1329 Neoplasia (Benign)	90	90	48	—	63
1331 Immune Mediated Skin Disease	121	90	—	—	85
1332 Eosinophilic Ulcer or Eosinophilic Granuloma	76	90	—	—	53
1333 Allergic Reaction	56	90	—	—	39
1335 Folliculitis	70	90	—	—	49
1336 Mast Cell Tumor	210	90	63	174/800*	147
1337 Lipoma	76	90	51	—	53
1342 Histiocytoma	80	90	48	—	56
1343 Fibrosarcoma	80	90	48	174/800*	56
1344 Hemangiopericytoma	561	90	124	174/800*	393
1345 Feline Fibrosarcoma	270	90	100	174/800*	135
1346 Paronychia	80	90	48	—	56
1350 Cellulitis	56	90	—	—	39
1352 Dermatophytosis	60	90	—	—	42
1353 Miliary Dermatitis	53	90	—	—	37
1354 Hot Spots	65	90	—	—	45

*Chemotherapy/radiation treatment(s) may be eligible for coverage at a rate of \$174 per treatment up to a maximum of \$800. Proof of malignancy required.

**System Secondary Test Benefits may only be used once for each incident.

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Feeling Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/ Radiation)	Column E (Secondary Diagnosis Allowance)
1355 Calcinosi	\$70	\$90	\$—	\$—	\$49
1356 Squamous Cell Carcinoma	210	90	63	174/800*	147
1357 Adenoma	76	90	51	—	53
1358 Malignant Melanoma or Melanosarcoma	239	90	63	174/800*	168
1359 Plasmacytoma	239	90	63	174/800*	168
1361 Cutaneous Hemangiosarcoma	337	90	63	174/800*	236
1363 Onychomycosis	80	90	48	—	56
1364 Liposarcoma (Infiltrative)	210	90	63	174/800*	147
8132 Secondary Tests (Dermatoses)**	—	—	—	—	59

RESPIRATORY SYSTEM (1400)

Upper Airway

1401 Foreign Bodies	\$71	\$100	\$48	\$—	\$42
1402 Tonsillitis	65	100	—	—	45
1404 Laryngeal Edema	95	100	—	—	66
1405 Trauma	117	100	42	—	82
1406 Neoplasia, Upper Airway-Surgical	237	100	54	174/800*	107
1407 Tonsillectomy	186	100	51	—	106
1408 Laryngitis	60	100	—	—	42
1409 Laryngeal Paralysis-Medical	122	100	51	—	85
1410 Laryngeal Paralysis-Surgical	720	100	75	—	504

Trachea

1420 Tracheitis	\$48	\$100	\$—	\$—	\$34
1423 Foreign Body-Surgical	95	100	44	—	54
1425 Trauma	105	100	51	—	74
1427 Neoplasia, Tracheal-Medical	157	100	—	174/800*	82
1428 Neoplasia, Tracheal-Surgical	315	100	52	174/800*	204

Thorax

1440 Trauma	\$294	\$100	\$57	\$—	\$206
1441 Pulmonary Edema	145	100	—	—	101
1442 Bronchitis	66	100	—	—	46
1443 Asthma	66	100	—	—	46
1444 Pleural Effusion	247	100	53	—	173
1445 Neoplasia, Thorax-Surgical	636	100	81	174/800*	445
1446 Diaphragmatic Hernia-Surgical	660	100	81	—	234
1447 Pneumonia	255	100	—	—	178
1448 Lung Torsion-Surgical	616	100	60	—	389
1449 Pneumothorax	585	100	78	—	410
1450 Foreign Body-Surgical	395	100	57	—	234
1451 Mediastinal Disease	216	100	—	—	151
1452 Tracheobronchitis	57	100	—	—	40
1453 Neoplasia, Thorax-Medical	175	100	—	174/800*	123
1454 Pyothorax	960	100	72	—	672
1455 Chylothorax	960	100	72	—	672
1458 Chest Tube	—	—	—	—	75
8140 Secondary Tests (Respiratory)**	—	—	—	—	65

REPRODUCTIVE SYSTEM (1500)

Vaginal Disorders

1501 Vaginitis	\$60	\$75	\$—	\$—	\$42
1504 Vaginal Foreign Body-Surgical	79	75	42	—	30
1505 Trauma	116	75	57	—	60
1506 Neoplasia, Vaginal-Surgical	204	75	66	174/800*	93

Uterine Disorders

1510 Metritis-Medical	\$105	\$75	\$—	\$—	\$42
1511 Pyometra-Surgical	336	75	66	—	235
1512 Prolapse-Surgical	158	75	42	—	82
1513 Uterine Neoplasia	126	75	54	174/800*	76
1514 Ovarian Neoplasia	126	75	54	174/800*	76

Mammary Gland Disorders

1520 Mastitis	\$52	\$75	\$—	\$—	\$48
1521 Mastectomy-Partial	183	75	60	174/800*	128
1522 Mastectomy-Radical	300	75	72	174/800*	210
1526 Lumpectomy	105	75	48	—	74

Testicular Disorders

1530 Neoplasia, Testicular-Surgical	\$105	\$75	\$48	174/800*	\$74
1531 Orchitis	105	75	48	—	39
1532 Torsion-Surgical	105	75	48	—	39
1535 Epididymitis	105	75	48	—	39

Disorders of the Penis & Prepuce

1540 Paraphimosis	\$48	\$75	\$—	\$—	\$30
1541 Trauma	58	75	42	—	39
1542 Neoplasia, Penis or Prepuce	112	75	44	174/800*	77
1543 Foreign Body-Surgical	73	75	47	—	42
1544 Balanoposthitis	53	75	—	—	37

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Feeling Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/ Radiation)	Column E (Secondary Diagnosis Allowance)
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Disorders of the Prostate

1550 Neoplasia, Prostrate-Surgical	\$349	\$75	\$63	\$174/800*	\$266
1551 Prostatitis-Medical	109	75	—	—	76
1552 Prostatitis-Surgical-Castration	105	75	48	—	74
8150 Secondary Tests (Reproductive)**	—	—	—	—	49

CHEMICAL AND PHYSICAL DISORDERS (1600)

Poisoning

1601 Metaldehyde	\$214	\$70	\$48	\$—	\$82
1602 Strychnine	164	70	47	—	88
1603 Ethylene Glycol (Antifreeze)	169	70	—	—	153
1604 Organophosphate (Carbamate)	148	70	—	—	60
1605 Rodenticide Toxicity	149	70	—	—	104
1606 Household Chemicals	97	70	—	—	68
1607 Drug Reactions	118	70	—	—	83
1608 Toad Poisoning	123	70	—	—	91
1609 Plant Poisoning	109	70	—	—	76
1610 Walnut Poisoning	139	70	—	—	97
1611 Drug Overdose	178	70	—	—	124
1612 Methylxanthine	101	70	44	—	57
1613 Alcohol Toxicity	140	70	—	—	88
1615 Heavy Metals (Lead/Zinc)	164	70	—	—	82
1617 Drug Toxicity	149	70	—	—	104

Physical Disorders

1650 Insect Bites & Stings	\$61	\$70	\$—	\$—	\$43
1651 Snakebite	353	70	54	—	143
1652 Near Drowning	98	70	—	—	45
1653 Heat Stroke (Hyperthermia)	182	70	—	—	60
1654 Hypothermia	72	70	—	—	50
1655 Frostbite	179	70	42	—	60
1656 Electric Shock	79	70	—	—	51
1657 Hypoglycemia	111	70	—	—	78
1658 Antivenom	—	—	—	—	200
1659 Dehydration	—	—	—	—	51
1661 Vaccine Reaction	90	70	—	—	60
8160 Secondary Tests (Chemical & Physical)**	—	—	—	—	46

URINARY SYSTEM (1700)

Kidney

1701 Nephrolithiasis-Medical	\$155	\$90	\$—	\$—	\$93
1703 Nephrotic Syndrome	108	90	—	—	76
1706 Neoplasia, Renal-Surgical Biopsy	274	90	51	174/800*	106
1707 Nephrectomy	720	90	78	—	504
1709 Glomerulonephritis (Biopsy required)	230	90	51	—	161
1715 Kidney Transplant	879	90	68	—	491
1716 Chronic Renal Failure	171	90	—	—	120
1717 Hypertension	62	90	—	—	43
1718 Acute Renal Failure	175	90	—	—	122
1723 Uremia	108	90	—	—	76
1724 Pyelonephritis	171	90	—	—	120

Bladder

1801 Urolithiasis-Surgical	\$401	\$90	\$66	\$—	\$281
1802 Cystitis	58	90	—	—	41
1803 Trauma (Ruptured Bladder)	456	90	66	—	319
1804 Neoplasia, Bladder	357	90	66	174/800*	250
1805 Feline Lower Urinary Tract Disease	94	90	44	—	66
1806 Urinary Incontinence or Atony	49	90	—	—	34
1809 Urolithiasis-Medical	75	90	—	—	52

Urethra

1901 Urethrolithiasis-Surgical	\$352	\$90	\$63	\$—	\$246
1902 Trauma/Urethritis	125	90	—	—	88
1903 Perineal Urethrostomy	660	90	72	—	462
1905 Neoplasia, Urethral	240	90	54	174/800*	202
8170 Secondary Tests (Urinary)**	—	—	—	—	59

INFECTIOUS DISEASES (2000)

2001 Papillomatosis	\$74	\$90	\$—	\$—	\$52
2002 Salmonellosis	56	90	—	—	53
2003 Parvovirus	281	90	—	—	197
2005 Canine Coronavirus	144	90	—	—	81
2006 Feline Upper Respiratory Infection	61	90	—	—	43
2007 FIP	194	90	—	—	94
2008 Hemobartonella (Mycoplasmosis)	109	90	—	—	76
2009 Panleukopenia	229	90	—	—	138
2010 Canine Distemper	182	90	—	—	109
2013 Brucellosis	113	90	—	—	63
2014 Leptospirosis	231	90	—	—	162

--Chemotherapy/radiation treatment(s) may be eligible for coverage at a rate of \$174 per treatment up to a maximum of \$800. Proof of malignancy required.
 **System Secondary Test Benefits may only be used once for each incident.

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/ Radiation)	Column E (Secondary Allowance)
2015 Tetanus	\$249	\$90	\$—	\$—	\$143
2016 Botulism	188	90	—	—	127
2017 Valley Fever/Coccidioidomycosis	167	90	—	—	117
2019 Feline Leukemia	212	90	—	—	149
2020 Fever of Unknown Origin	68	90	—	—	47
2021 Rickettsia (Ehrlichia)	76	90	—	—	53
2022 Salmon Disease	76	90	—	—	53
2023 Lyme Disease	52	90	—	—	37
2024 Rocky Mountain Spotted Fever	76	90	—	—	53
2039 Herpes Virus	99	90	—	—	69
2040 Blastomycosis-Systemic Mycosis	167	90	—	—	117
2041 Histoplasmosis-Systemic Mycosis	167	90	—	—	117
2042 Cryptococcosis-Systemic Mycosis	167	90	—	—	117
2043 Bartonella	52	90	—	—	37
2044 Clostridium	56	90	—	—	53
2045 Tuberculosis	113	90	—	—	63
2046 FIV	212	90	—	—	149
2048 Canine Influenza	144	90	—	—	81
8200 Secondary Tests (Infectious Diseases)**	—	—	—	—	59

OPHTHALMOLOGY (2100)

2102 Eyelid Neoplasia-Surgical	\$119	\$60	\$51	\$174/800*	\$84
2105 Plugged Tear Duct	55	60	—	—	38
2106 Corneal Edema	63	60	—	—	44
2107 Conjunctivitis	40	60	—	—	28
2108 Keratitis Sicca-Medical	73	60	—	—	51
2109 Keratitis Sicca-Surgical	288	60	48	—	137
2110 Corneal Ulcer-Medical	70	60	48	—	49
2111 Corneal Ulcer-Surgical	226	60	50	—	158
2112 Descemetocoele-Surgical	411	60	63	—	288
2114 Iritis	88	60	—	—	61
2115 Secondary Glaucoma-Medical	115	60	—	—	81
2116 Secondary Glaucoma-Surgical	304	60	60	—	127
2117 Cataracts-Surgical	610	60	72	—	427
2118 Lens Luxation-Surgical	534	60	66	—	341
2119 Retrobulbar Abscess	133	60	54	—	57
2120 Iris Prolapse-Surgical	350	60	54	—	197
2121 Foreign Body	85	60	48	—	59
2122 Meibomian Cyst	80	60	48	—	56
2123 Proptosed Eye	208	60	54	—	121
2126 Enucleation	263	60	60	—	184
2127 Keratectomy	414	60	60	—	179
2129 Neoplasia, Ocular-Surgical	210	60	66	174/800*	156
2131 Blepharitis	66	60	—	—	46
2132 Trauma	76	60	48	—	53
2134 Retinal Detachment-Medical	119	60	—	—	83
2135 Retinal Degeneration	83	60	—	—	58
2136 Cataract-Medical	70	60	—	—	49
2137 Retinal Detachment-Surgical	182	60	45	—	103
2148 Lens Implant	—	—	—	—	85
2156 Uveitis	88	60	—	—	61
2157 Retinitis	88	60	—	—	61
2158 Episcleritis	66	60	—	—	46
8210 Secondary Tests (Ophthalmic)**	—	—	—	—	39

NEUROLOGY (2200)

2202 Coon Dog Paralysis	\$253	\$90	\$—	\$—	\$158
2203 Degenerative Myelopathy	152	90	—	—	107
2204 Encephalitis-Meningitis	284	90	—	—	199
2205 Epilepsy	70	90	—	—	49
2206 Intervertebral Disc Disease-Medical	97	90	—	—	68
2207 Intervertebral Disc Disease-Fenestration	585	90	75	—	410
2208 Intervertebral Disc Disease-Laminectomy	1125	90	90	—	788
2210 Trauma	174	90	54	—	122
2211 Stroke	186	90	—	—	130
2213 Neuritis (Peripheral Nerve)	113	90	—	—	79
2215 Neoplasia, Brain or Spinal Cord-Medical	286	90	—	174/800*	200
2216 Cauda Equina Syndrome-Surgical	893	90	73	—	573
2217 Diskospondylitis	135	90	48	—	94
2218 Cauda Equina Syndrome-Medical	135	90	48	—	94
2220 Fibrocartilagenous Emboli	337	90	54	—	159
2221 Vestibular Syndrome	170	90	—	—	119
2222 Myasthenia Gravis	478	90	—	—	97
2223 Neoplasia, Brain or Spinal Cord-Surgical	779	90	66	174/800*	378
2227 Progressive Ataxia	81	90	—	—	57
2228 Degenerative Encephalopathy	75	90	—	—	52
2235 Craniotomy	—	—	—	—	788
2236 Ambulation Device	—	—	—	—	100
2240 Horner's Syndrome	113	90	—	—	79
8220 Secondary Tests (Neurological)**	—	—	—	—	59

EAR (2300)

2301 Auricular Hematoma	\$161	\$40	\$54	\$—	\$113
2302 Solar Dermatitis	70	40	—	—	42
2303 Trauma	100	40	48	—	70
2304 Neoplasia, Pinna-Surgical	105	40	51	174/800*	74
2305 Otitis Externa	56	40	48	—	39

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/ Radiation)	Column E (Secondary Allowance)
2306 Otitis Media-Medical	\$112	\$40	\$48	\$—	\$79
2307 Otitis Media-Surgical	180	40	51	—	126
2308 Foreign Body	69	40	48	—	48
2309 Lateral Ear Resection	374	40	60	—	262
2310 Ablation	634	40	72	—	444
2311 Neoplasia, Ear Canal-Surgical	180	40	54	174/800*	127
2313 Hearing Aid	180	40	51	—	79
2314 Otitis Interna-Medical	112	40	48	—	79
2315 Otitis Interna-Surgical	180	40	51	—	126
8230 Secondary Tests (Ear)**	—	—	—	—	26

NASAL CAVITY (2400)

2401 Rhinitis	\$62	\$60	\$—	\$—	\$43
2402 Sinusitis	62	60	—	—	43
2403 Foreign Bodies	82	60	54	—	39
2404 Trauma	81	60	45	—	57
2406 Neoplasia, Nasal or Sinus-Surgical	289	60	60	174/800*	219
8240 Secondary Tests (Nasal)**	—	—	—	—	39

ORAL CAVITY (2500)

2502 Tooth Abscess	\$65	\$67	\$45	\$—	\$45
2503 Carnassial Abscess/Canine Tooth	106	67	51	—	74
2504 Neoplasia, Oral-Surgical	148	67	54	174/800*	103
2505 Trauma	88	67	48	—	62
2506 Foreign Body	59	67	45	—	41
2507 Tongue Laceration	97	67	45	—	45
2508 Retropharyngeal Foreign Body	94	67	45	—	87
2509 Mandible Luxation	147	67	45	—	76
2510 Ulcerative Stomatitis	67	67	—	—	47
2511 Root Canal	301	67	66	—	211
2512 Oronasal Fistula	158	67	57	—	110
2513 Periodontitis-Medical	55	67	—	—	39
2514 Periodontitis-Surgical	126	67	53	—	88
2520 Feline Odontoclastic Disease	66	67	45	—	56
2521 Benign Oral Neoplasia	112	67	48	—	78
8250 Secondary Tests (Oral)**	—	—	—	—	44

SALIVARY GLAND (2600)

2601 Sialocele-Medical	\$68	\$65	\$—	\$—	\$30
2602 Sialocele-Surgical	258	65	57	—	167
2604 Neoplasia, Salivary Gland-Surgical	368	65	51	174/800*	167
2605 Abscess	148	65	57	—	54
8260 Secondary Tests (Salivary)**	—	—	—	—	43

MUSCULOSKELETAL (2700)

2701 Cruciate Rupture-Medical (see policy)	\$66	\$90	\$45	\$—	\$46
2702 Cruciate Rupture-Surgical (see policy)	724	90	75	—	507
2704 Luxation-Elbow Closed Reduction	187	90	45	—	131
2705 Luxation-Elbow-Surgical	357	90	42	—	210
2706 Luxation-Hip Closed Reduction	151	90	51	—	106
2708 Luxation-Hip-Surgical	540	90	66	—	179
2710 Myositis	95	90	—	—	67
2711 Osteoarthritis	79	90	—	—	55
2715 Osteomyelitis-Medical	150	90	—	—	105
2716 Osteomyelitis-Surgical	343	90	60	—	143
2717 Spondylitis	83	90	—	—	58
2720 Tendon Rupture (Cast)	174	90	60	—	122
2721 Tendon Rupture-Surgical	509	90	66	—	357
2722 Osteogenic Sarcoma-Medical	214	90	—	174/800*	150
2723 Osteogenic Sarcoma-Surgical	571	90	72	174/800*	225
2724 Sprain	46	90	—	—	32
2725 Bone Cyst-Medical	104	90	—	—	60
2726 Foreign Body, Foot	86	90	45	—	60
2727 Panosteitis	55	90	—	—	39
2728 Neoplasia, Muscle-Surgical	308	90	66	174/800*	112
2729 Soft Tissue Trauma	57	90	—	—	40
2731 Dewclaw Amputation (Non-Elective)	95	90	48	—	66
2732 Tail Amputation	182	90	45	—	128
2733 Toe Amputation	228	90	54	—	160
2734 Torn Nail	67	90	45	—	47
2735 Hygroma-Medical	74	90	—	—	52
2736 Hygroma-Surgical	254	90	54	—	178
2737 Fore Leg Amputation	486	90	72	—	340
2738 Rear Leg Amputation	660	90	72	—	462
2739 Synovitis	93	90	—	—	65
2740 Shoulder Luxation-Surgical	240	90	57	—	202
2741 Neoplasia Jaw (Mandibulectomy)	528	90	72	174/800*	285
2742 Bone Fragment Joint-Surgical	247	90	60	—	173
2777 Hypertrophic Osteodystrophy	55	90	—	—	39
8270 Secondary Tests (Musculoskeletal)**	—	—	—	—	59

*Chemotherapy/radiation treatment(s) may be eligible for coverage at a rate of \$174 per treatment up to a maximum of \$800. Proof of malignancy required.

**System Secondary Test Benefits may only be used once for each incident.

Code Diagnosis

Column A
(Primary Diagnosis
Allowance)

Column B
(Primary Diagnostic
Testing Allowance)

Column C
(Primary Anesthesia
Allowance)

Column D
(Primary Chemotherapy
Radiation)

Column E
(Secondary Diagnosis
Allowance)

FRACTURES (2800)**Skull, Jaw, Scapula, Rib, Patella****Non-Surgical**

Code	Description	Column A	Column B	Column C	Column D	Column E
2801	Cage Rest	\$213	\$90	\$—	\$—	\$—
2802	Bandage	126	90	—	—	88
2803	Sling	173	90	—	—	57

Surgical

2811	Wire	\$292	\$90	\$54	—	\$205
2812	Pin(s) or K Wire	368	90	57	—	228
2813	Plate	464	90	66	—	325
2814	Kirshner Apparatus	414	90	54	—	243

Humerus, Femur, Radius, Ulna, Tibia**Non-Surgical**

2820	Bandage (Rbt Jones/Temporary)	\$89	\$90	\$45	\$—	\$63
2821	Splint	147	90	45	—	103
2822	Cast	151	90	48	—	105

Surgical

2830	IM Pin(s)	\$478	\$90	\$66	\$—	\$335
2831	Plate	855	90	78	—	598
2832	Kirshner Apparatus	795	90	78	—	316
2833	Radius Curvus-Surgical	663	90	66	—	249
2834	Bone Graft or TPO Plate	—	90	—	—	121

Pelvis & Vertebrae**Non-Surgical**

2840	Cage Rest	\$167	\$90	\$—	\$—	\$—
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Surgical

2850	IM Pins/Wires/Screws	\$420	\$90	\$60	\$—	\$294
2851	Plate	1080	90	78	—	408
2852	Kirshner Apparatus	714	90	57	—	408

Carpus, Metacarpus, Tarsus, Metatarsus, Phalanges**Non-Surgical**

2860	Bandage	\$70	\$90	\$—	\$—	\$49
2861	Cast or Splint	125	90	45	—	51

Surgical

2870	Pins/Wires/Screws	\$574	\$90	\$66	\$—	\$402
2871	Plate Arthrodesis	684	90	79	—	356
8280	Secondary Tests (Fractures)**	—	—	—	—	59

ENDOCRINOLOGY (2900)**Adrenal**

2902	Addison's Disease	\$193	\$120	\$—	\$—	\$135
2903	Neoplasia, Adrenal-Surgical	448	120	66	174/800*	313

Thyroid

2920	Hypothyroidism	\$43	\$120	\$—	\$—	\$30
2921	Hyperthyroidism	77	120	—	—	54
2922	Neoplasia, Thyroid-Surgical	265	120	54	174/800*	182
2923	Hyperthyroidism (I-131)	528	120	60	—	234

Parathyroid

2940	Hyperparathyroidism	\$180	\$120	\$—	\$—	\$121
2942	Hypoparathyroidism	116	120	—	—	81
2943	Neoplasia, Parathyroid-Surgical	614	120	98	174/800*	315

Pancreas (Endocrine)

2950	Diabetes Mellitus	\$180	\$120	\$—	\$—	\$126
2951	Islet Cell Tumor-Surgical	478	120	60	174/800*	335

Pituitary

2960	Diabetes Insipidus	\$118	\$120	\$—	\$—	\$66
2961	Cushing's Disease	116	120	—	—	81
8290	Secondary Tests (Endocrine)**	—	—	—	—	78

Code Diagnosis

Column A
(Primary Diagnosis
Allowance)

Column B
(Primary Diagnostic
Testing Allowance)

Column C
(Primary Anesthesia
Allowance)

Column D
(Primary Chemotherapy
Radiation)

Column E
(Secondary Diagnosis
Allowance)

BLOOD DISORDERS (3000)**Blood Cell Disorders**

3001	Immune Mediated Hemolytic Anemia	\$415	\$110	\$—	\$—	\$213
3003	Heinz-Body Anemia	121	110	—	—	97
3004	Anemia of Chronic Disease	83	110	—	—	58
3005	Aplastic-Hypoplastic Anemia	220	110	44	—	194
3006	Drug Induced Anemia	103	110	—	—	51
3007	Myeloproliferative Disorders	265	110	44	—	186
3008	Lymphocytic Leukemia	231	110	44	174/800*	137
3009	Septicemia	217	110	—	—	152
3010	Immune Mediated Neutropenia	245	110	42	—	115
3011	Transfusion	—	—	—	—	106
3014	Multiple Myeloma	227	110	44	174/800*	169

Bleeding Disorders

3032	Thrombocytopenia/Platelet Disorder	\$195	\$110	\$—	\$—	\$136
3033	Drug Induced Disorders	231	110	—	—	133
3034	DIC (Dissem Intravascular Coag)	145	110	42	—	102
8300	Secondary Tests (Blood)**	—	—	—	—	72

LYMPHATIC DISORDERS (3100)

3101	Lymphadenitis	\$95	\$85	\$—	\$—	\$67
3102	Lymphnode Hyperplasia	113	85	—	—	79
3103	Lymphosarcoma	317	85	60	174/800*	222
3104	Thymoma-Surgical	840	85	44	174/800*	184
8310	Secondary Tests (Lymphatic)**	—	—	—	—	55

SPLEEN DISORDERS (3200)

3201	Splenic Rupture-Surgical	\$484	\$85	\$72	\$—	\$290
3202	Splenic Torsion-Surgical	484	85	57	—	339
3203	Splenectomy	534	85	60	—	374
3204	Splenomegaly-Medical	92	85	—	—	65
3205	Neoplasia, Spleen-Surgical	481	85	60	174/800*	336
8320	Secondary Tests (Spleen)**	—	—	—	—	55

IMMUNOLOGY (3300)

3302	Systemic Lupus Erythematosus	\$100	\$90	\$47	\$—	\$97
3303	Rheumatoid Arthritis	144	90	—	—	85
3304	Polyarthritis	158	90	—	—	111
8330	Secondary Tests (Immune)**	—	—	—	—	59

SPECIAL PROCEDURES

1000	Euthanasia	\$—	\$—	\$—	\$—	\$44
7000	Secondary Anesthesia Benefit***	—	—	—	—	60

***Secondary anesthesia benefits may be used for Specialized Diagnostic Tests when applicable

SPECIALIZED DIAGNOSTIC TESTS****

Allergen Test	\$75
Contrast Radiographs	75
CT Scan	400
Endoscopy	85
MRI Scan	500
Myelogram	75
Nuclear Imaging/Thyroid Scan	175
Spinal Tap/Culture & Analysis	50
Ultrasound/Echocardiogram	85

****These allowances are in addition to the maximum Diagnostic Allowances as listed for each diagnosis. Maximum benefit for Specialized Diagnostic Tests is \$600 per incident.

*Chemotherapy/radiation treatment(s) may be eligible for coverage at a rate of \$174 per treatment up to a maximum of \$800. Proof of malignancy required.

**System Secondary Test Benefits may only be used once for each incident.