

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

MEDICAL PLAN COVERAGE FORM

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 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. Pre-existing condition** means any **condition** that began or was contracted, manifested, or incurred up to twelve months before the effective date of this policy or during any **waiting period**, whether or not the **condition** was discovered, diagnosed, or treated. A **chronic condition** is a **pre-existing condition** unless it began after the effective date of this policy.
- 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 a legally licensed veterinary practitioner.
- 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 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 seven hundred fifty dollars (\$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 **pre-existing condition**.
- B. Diagnosis or treatment of any **condition** identified as an Additional Excluded **Condition** on the Declarations Page or Renewal Certificate of **your** policy.
- C. Diagnosis or treatment of any bone or joint **condition** consisting of or associated with: (1) hip dysplasia, or any luxation or subluxation associated with hip dysplasia; (2) elbow dysplasia; (3) patellar luxation or subluxation; (4) osteochondritis dissecans; or (5) any fracture, luxation, or subluxation associated with aseptic necrosis of a femoral head.
- D. Diagnosis or treatment of any **condition** consisting of or 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) ectropion; (10) entropion; (11) primary glaucoma; (12) retinal dysplasia; (13) progressive retinal atrophy; (14) corneal dystrophy; (15) cataracts of dogs under seven 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.

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 **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.



MEDICAL PLAN BENEFIT SCHEDULE

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 incident.

Column [B] Secondary Diagnosis Allowance is the benefit limit for the condition or procedure that is treated along with the primary condition or procedure. We will pay covered veterinary expenses under any applicable Secondary Diagnosis Allowance, subject to the terms of this policy.

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

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

Code	Diagnosis
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DERMATOLOGY (Skin)

Wounds

Conditions

	A	B
1304 Puncture(s)	\$240	\$95
1305 Abrasion(s)	175	70
1307 Burn(s)	125	50
1308 Seroma or Hematoma	135	50
1302 Laceration or Bite Wound	375	150
1303 Lacerations or Bite Wounds (Multiple)	485	195
1306 Dermal Abscess or Granuloma or Pressure Ulcer	195	75
1301 Dermal Foreign Object(s)	185	70
1313 Degloving Injury	-	320

Procedures

1311 Dehiscence Repair	-	\$190
1310 Skin Graft	-	225

Dermatoses

Conditions

1366 Dermatopathy	\$280	\$110
1322 Atopic or Other Allergic Dermatitis	280	110
1323 Fungal Skin Disease	135	50
1326 Pyoderma and/or Hot Spot	200	80
1328 Lick Granuloma	140	55
1331 Immune Mediated Skin Disease	240	95
1332 Eosinophilic Granuloma Complex	150	60
1346 Toe Nail Disease	190	75
1367 Solar Dermatitis	130	50
1321 Cellulitis or Subcutaneous Emphysema	130	50
1368 Hepatocutaneous Syndrome	-	55
1369 Benign Skin Neoplasia-Medical	225	90
1370 Malignant Skin Neoplasia-Medical	300	120

Procedures

1329 Benign Skin Neoplasia-Surgical	-	\$480
1336 Malignant Skin Neoplasia-Surgical	-	480

RESPIRATORY SYSTEM (Airways & Lungs)

Nasal Cavity

Conditions

2401 Rhinitis or Sinusitis or Canine Upper Respiratory Infection	\$175	\$85
2404 Nasal or Sinus Trauma	180	70
2403 Nasal Cavity Foreign Object(s)	230	90
2405 Nasal or Sinus Neoplasia-Medical	290	115

Procedure

2406 Nasal or Sinus Neoplasia-Surgical	-	\$190
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Upper Airway

Conditions

1408 Laryngitis or Tracheitis	\$130	\$50
1405 Upper Airway Trauma(s)-Medical	265	105
1401 Upper Airway Foreign Object(s)-Medical	210	80
1409 Laryngeal Paralysis-Medical	280	110
1427 Upper Airway Neoplasia-Medical	270	105

Procedures

1428 Upper Airway Trauma(s)-Surgical	-	\$125
1410 Laryngeal Paralysis-Surgical	-	950
1423 Upper Airway Foreign Object(s)-Surgical	-	240
1406 Upper Airway Neoplasia-Surgical	-	460

Thorax (Chest)

Conditions

1442 Asthma or Allergic Bronchitis	\$220	\$90
1447 Pneumonia	305	120
1441 Pulmonary Edema	-	165
1440 Pulmonary Contusions	-	155
1444 Pleural Effusion	-	215
1460 Interstitial Lung Disease	205	85
1451 Mediastinal Disease	460	185
1454 Pyothorax	1135	455
1455 Chylothorax	1135	455
1462 Thoracic Foreign Object(s)-Medical	315	125
1448 Lung Consolidation or Torsion	260	105
1449 Pneumothorax or Pulmonary Bulla	445	180
1453 Thoracic Neoplasia-Medical	280	110

Procedures

1446 Traumatic Diaphragmatic Hernia-Surgical	-	\$800
1458 Chest Tube	-	415
1450 Thoracic Foreign Object(s)-Surgical	-	1145
1445 Thoracic Neoplasia-Surgical	-	1145
1461 Lung Lobectomy	-	1145

REPRODUCTIVE SYSTEM

Vaginal

Conditions

1501 Vaginitis	\$120	\$45
1505 Vaginal Trauma	255	100
1504 Vaginal Foreign Object(s)	220	85
1515 Vaginal Neoplasia-Medical	205	80

A	B
Primary Diagnosis Allowance	Secondary Diagnosis Allowance

Code	Diagnosis
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Procedures

1506 Vaginal Neoplasia-Surgical	-	\$210
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Uterine

Conditions

1510 Pyometra or Metritis-Medical	\$225	\$90
1516 Uterine or Ovarian Neoplasia-Medical	200	80

Procedures

1517 Remnant Ovary-Surgical	-	\$325
1511 Pyometra or Metritis-Surgical	-	520
1513 Uterine or Ovarian Neoplasia-Surgical	-	325

Mammary Gland

Conditions

1520 Mastitis	\$150	\$60
1527 Mammary Neoplasia-Medical	185	75

Procedures

1526 Mammary Neoplasia-Simple Mastectomy	-	\$150
1521 Mammary Neoplasia-Regional or Partial Mastectomy	-	330
1522 Mammary Neoplasia-Unilateral or Complete Mastectomy	-	590

Scrotal & Testicular

Conditions

1531 Orchitis or Epididymitis	\$235	\$95
1532 Testicular Torsion or Trauma	315	125
1536 Testicular Neoplasia-Medical	160	65

Procedures

1533 Scrotal Ablation	-	\$85
1530 Testicular Neoplasia-Surgical (Includes Castration)	-	160

Penis & Prepuce

Conditions

1540 Paraphimosis or Phimosis	\$155	\$60
1544 Balanoposthitis	115	45
1541 Penile Trauma	160	60
1543 Penile or Preputial Foreign Object(s)	210	80
1545 Penile Neoplasia-Medical	130	55

Procedure

1542 Penile Neoplasia-Surgical	-	\$290
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Prostate

Conditions

1551 Prostatitis or Benign Prostatic Hypertrophy-Medical	\$215	\$85
1553 Prostatic Neoplasia-Medical	250	100

Procedures

1554 Prostatic Biopsy	-	\$150
1552 Prostatitis or Benign Prostatic Hypertrophy-Surgical (Includes Castration)	-	160
1550 Prostatic Neoplasia-Prostatectomy or Prostatectomy (Includes Castration)	-	390

CHEMICAL & PHYSICAL

(Poisonings, Toxicities, Reactions & Accidents)

Chemical

Conditions

1601 Metaldehyde Toxicity (Snail & Slug Bait)	\$450	\$180
1602 Strychnine Toxicity (Pesticide)	255	100
1603 Ethylene Glycol Toxicity (Antifreeze)	455	180
1604 Insecticide Poisoning	245	95
1605 Rodenticide Toxicity (Pesticide)	320	125
1606 Household Chemicals Toxicity (Detergents, Cleaners)	215	85
1608 Toad Poisoning	185	70
1609 Poisoning of Plant Origin	290	115
1611 Drug Toxicity or Overdose	440	175
1612 Methylxanthine Toxicity (Chocolate, Caffeine)	235	95
1613 Alcohol Toxicity	260	100
1615 Heavy Metals Toxicity (Lead, Zinc)	375	150
1619 Other Toxicity	350	140

Procedure

1618 Gastric Lavage for Toxin Ingestion	-	\$140
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Physical

Conditions

1650 Insect Bites and Stings	\$240	\$95
1651 Snakebite	275	110
1662 Wild Mammal Encounter	165	65
1663 Crushing or Blunt Trauma	240	95
1664 Strangulation	165	65
1652 Near Drowning	195	75
1665 Smoke or Inhalation Toxicity	390	155
1653 Heat Stroke (Hyperthermia)	350	140
1654 Hypothermia	170	65
1655 Frostbite	320	125
1656 Electric Shock	180	70
1657 Hypoglycemia	225	90
1661 Systemic Allergic Reaction	195	80
1666 Anaphylactic Shock	260	105

Code	Diagnosis
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Procedure

1658 Anti-Venom or Antizol -

URINARY SYSTEM

Renal (Kidney)

Conditions

	A	B
1724 Pyelonephritis	\$285	\$110
1703 Nephrotic Syndrome	200	80
1718 Acute Renal Failure	340	135
1716 Chronic Renal Failure	340	135
1709 Glomerulonephritis	340	135
1701 Nephrolithiasis or Ureterolithiasis	210	85
1719 Renal Neoplasia-Medical	200	80

Procedures

	A	B
1720 Dialysis or Hemofiltration	-	\$450
1706 Renal Biopsy	-	150
1707 Acquired Renal or Ureter Disorder-Surgical	-	1145
1715 Kidney Transplant	-	1145
1721 Renal Neoplasia-Surgical	-	1145

Bladder

Conditions

	A	B
1806 Acquired Urinary Incontinence or Atony	\$230	\$90
1802 Canine Cystitis	415	165
1805 Feline Cystitis or FLUTD-Medical	415	165
1809 Urolithiasis-Medical	180	70
1807 Bladder Neoplasia-Medical	280	110

Procedures

	A	B
1820 Feline Cystitis or FLUTD-Obstructed Male	-	\$230
1801 Acquired Bladder Disorder-Surgical	-	745
1803 Traumatic Bladder Rupture-Surgical	-	360
1804 Bladder Neoplasia-Surgical	-	185

Urethra

Conditions

	A	B
1901 Urethrolithiasis-Medical	\$205	\$80
1902 Urethral Trauma-Medical	200	80
1912 Urethral Neoplasia-Medical	270	105

Procedure

	A	B
1911 Urethrotomy or Urethral Trauma-Surgical	-	\$225
1903 Perineal Urethrostomy	-	1130
1905 Urethral Neoplasia-Surgical	-	625

INFECTIOUS (Virus, Bacteria & Fungus)

Conditions

	A	B
2001 Papillomatosis	\$150	\$60
2003 Canine Parvovirus	650	260
2005 Canine Coronavirus	210	85
2006 Feline Upper Respiratory Disease Complex	260	105
1452 Tracheobronchitis or Kennel Cough	255	100
2007 Feline Infectious Peritonitis (FIP)	245	95
2008 Haemobartonella (Mycoplasmosis)	175	70
2009 Feline Panleukopenia Virus (FPV)	300	120
2010 Canine Distemper	425	170
2013 Brucellosis	170	65
2014 Leptospirosis	445	180
2015 Tetanus	435	175
2016 Botulism	390	155
2017 Coccidioidomycosis (Valley Fever)	325	130
2019 Feline Leukemia Virus (FeLV)	150	60
2021 Ehrlichia or Anaplasma or Other Rickettsial Diseases	245	95
2022 Salmon Disease	280	110
2023 Lyme Disease	165	65
2024 Rocky Mountain Spotted Fever	185	75
2039 Viral Infection-Other	180	70
2040 Blastomycosis-Systemic Mycosis	325	130
2041 Histoplasmosis-Systemic Mycosis	325	130
2042 Cryptococcosis-Systemic Mycosis	325	130
2043 Bartonella	130	50
2045 Tuberculosis or Other Mycobacteria	170	65
2046 Feline Immunodeficiency Virus (FIV)	150	60
2047 West Nile Virus	185	75
2048 Canine Influenza	200	80
2049 Systemic Mycosis-Other	325	130

OPHTHALMOLOGY (Eyes)

Conditions

	A	B
2105 Plugged Tear Duct	\$105	\$40
2106 Corneal Edema	115	45
2131 Blepharitis	115	45
2107 Conjunctivitis	210	85
2108 Keratoconjunctivitis Sicca or Keratitis	175	70
2110 Corneal Ulcer	300	120
2114 Uveitis or Retinitis	150	60
2156 Iritis or Acquired Iris Cyst	150	60
2158 Episcleritis or Scleritis	115	45
2135 Sudden Acquired Retinal Degeneration Syndrome	160	60

A	B
Primary Diagnosis Allowance	Secondary Diagnosis Allowance

Code	Diagnosis
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	A	B
2119 Retrobulbar Abscess	300	120
2132 Ocular Trauma	135	55
2161 Corneal Sequestrum	140	55
2121 Ocular Foreign Object(s)	155	60
2165 Descemetocele-Medical	190	75
2115 Glaucoma: due to covered condition-Medical	225	90
2136 Cataract(s): due to covered condition or dog 7 years or older-Medical	110	45
2138 Lens Luxation or Subluxation-Medical	150	60
2134 Retinal Detachment-Medical	225	90
2122 Meibomian Gland Disorder	115	45
2166 Eyelid Neoplasia-Medical	115	45
2167 Ocular Neoplasia-Medical	225	90

Procedures

	A	B
2111 Corneal Ulcer-Debridement or Keratotomy	-	\$370
2127 Corneal Ulcer-Graft or Keratectomy	-	670
2123 Proptosed Eye Replacement	-	310
2126 Enucleation or Evisceration	-	635
2112 Descemetocele-Surgical	-	710
2116 Glaucoma: due to covered condition-Surgical	-	785
2117 Cataract(s): due to covered condition or dog 7 years or older-Surgical	-	1145
2118 Lens Luxation or Subluxation-Surgical	-	400
2137 Retinal Detachment-Surgical	-	395
2120 Iris Prolapse-Surgical	-	250
2102 Eyelid Neoplasia-Surgical	-	175
2129 Ocular Neoplasia-Surgical	-	205

NEUROLOGY (Brain, Spinal Cord & Nerves)

Conditions

	A	B
2205 Epilepsy or Seizure(s) or Idiopathic Tremor Syndrome	\$310	\$125
2213 Neuritis (Peripheral Nerve)	200	80
2240 Horner's Syndrome	200	80
2202 Polyradiculoneuritis	315	125
2204 Encephalitis or Meningitis or GME	540	215
2228 Degenerative Encephalopathy or Canine Cognitive Dysfunction	165	65
2242 Neck or Back Sprain	225	90
2206 Intervertebral Disc Disease-Medical	370	150
2217 Diskospondylitis	335	135
2218 Cauda Equina Syndrome-Medical	285	115
2210 Neurologic Trauma	305	120
2203 Myelopathy	300	120
2227 Paresis or Paralysis or Ataxia	-	115
2211 Cranial Vascular Accident or Stroke	345	135
2220 Fibrocartilaginous Embolism	320	130
2221 Vestibular Syndrome	285	115
2222 Acquired Myasthenia Gravis	505	200
2243 Peripheral Nerve Neoplasia-Medical	205	80
2215 Brain or Spinal Cord Neoplasia-Medical	305	125

Procedures

	A	B
2208 Intervertebral Disc Disease-Surgical	-	\$1060
2216 Cauda Equina Syndrome-Surgical	-	1060
2235 Craniotomy	-	1260
2244 Peripheral Nerve Neoplasia-Surgical	-	305
2223 Brain or Spinal Cord Neoplasia-Surgical	-	545

AURAL (Ears)

Conditions

	A	B
2305 Otitis Externa	\$325	\$130
2306 Otitis Media or Interna	230	90
2301 Auricular Hematoma-Medical	260	105
2308 Ear Foreign Object(s)	145	55
2304 Ear Canal Neoplasia-Medical	215	85

Procedures

	A	B
2317 Auricular Hematoma-Surgical	-	\$225
2311 Ear Canal Neoplasia-Surgical	-	270
2307 Bulla Osteotomy	-	245
2309 Lateral or Vertical Ear Resection	-	635
2310 Total Ear Canal Ablation	-	710

MUSCULOSKELETAL

Conditions

	A	B
2710 Immune Mediated Myositis	\$225	\$90
2777 Hypertrophic Osteodystrophy	185	70
2727 Panosteitis	185	70
2715 Osteomyelitis or Septic Joint-Medical	255	100
2724 Musculoskeletal Sprain	380	150
2729 Soft Tissue Trauma	380	150
2734 Torn Nail	335	130
2711 Degenerative Arthritis	300	120
3304 Immune Mediated Arthritis	240	95
2717 Spondylosis	200	80
2739 Tendonitis or Synovitis or Bursitis	250	100
2784 Hyperextension or Ligamentous Injury	210	85
2720 Tendon Rupture-Medical	300	120
2701 Cruciate and/or Meniscus-Medical (see policy: Section 6, E)	335	130
2704 Traumatic Elbow Luxation-Medical	320	125
2787 Traumatic Shoulder Subluxation or Luxation-Medical	270	105
2706 Traumatic Hip Luxation-Medical	380	150
2735 Hygroma-Medical	140	55

Code	Diagnosis
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		A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
2788	Muscle Neoplasia-Medical	230	95
2725	Bone Cyst	270	105
2722	Bone or Joint Neoplasia-Medical	285	110
Procedures			
2721	Tendon Repair-Surgical	-	\$375
2702	Cruciate and/or Meniscus-Surgical (see policy: Section 6, E)	-	1310
2705	Traumatic Elbow Luxation-Surgical	-	355
2740	Traumatic Shoulder Subluxation or Luxation-Surgical	-	430
2708	Traumatic Hip Luxation-Surgical	-	870
2789	Bone or Joint Biopsy	-	150
2716	Osteomyelitis or Septic Joint-Surgical	-	405
2731	Dewclaw Amputation (Non-Elective)	-	125
2732	Tail Amputation	-	175
2733	Toe Amputation	-	215
2737	Fore Leg Amputation	-	450
2738	Rear Leg Amputation	-	450
2795	Limb Sparing Procedure	-	520
2741	Mandibulectomy or Maxillectomy	-	865
2736	Hygroma-Surgical	-	170
2728	Muscle Neoplasia-Surgical	-	290
2723	Bone or Joint Neoplasia-Surgical	-	775

FRACTURES

Skull, Jaw, Scapula, Rib & Patella

		A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
Procedures			
2801	Cage Rest	\$280	-
2802	Bandage	265	\$105
2803	Sling	285	110
2811	Wires	555	300
2812	Pins or K Wires	600	320
2813	Plate	890	435
2814	External Apparatus or Fixator	850	420
2815	Plate Removal	-	255
2816	Hardware Removal	-	160

Humerus, Femur, Radius, Ulna & Tibia

		A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
Procedures			
2820	Bandage (RBT Jones/Temporary)	\$260	\$100
2821	Splint or Cast	355	140
2830	IM Pins/Wires/Screws	905	440
2831	Plate	1275	590
2832	External Apparatus or Fixator	980	470
2834	Bone Graft or Implant	-	200
2835	Plate Removal	-	275
2836	Hardware Removal	-	160

Pelvis & Vertebrae

		A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
Procedures			
2840	Cage Rest	\$285	\$160
2850	IM Pins/Wires/Screws	1000	480
2851	Plate	1420	685
2852	External Apparatus or Fixator	1000	480
2853	Plate Removal	-	325
2854	Hardware Removal	-	160

Carpus, Metacarpus, Tarsus, Metatarsus & Phalanges

		A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
Fractures or Dislocations			
Procedures			
2860	Bandage	\$195	\$75
2861	Cast or Splint	345	135
2870	IM Pins/Wires/Screws	780	390
2871	Plate Arthrodesis	-	995
2872	Plate Removal	-	255
2873	Hardware Removal	-	160

ENDOCRINOLOGY

Adrenal

		A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
Conditions			
2902	Addison's Disease	\$450	\$180
2961	Cushing's Disease	385	155
2904	Adrenal Neoplasia-Medical	245	100
Procedure			
2903	Adrenal Neoplasia-Surgical	-	\$370

Thyroid

		A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
Conditions			
2920	Hypothyroidism	\$315	\$125
2921	Hyperthyroidism	360	145
2924	Thyroid Neoplasia-Medical	215	85
Procedures			
2923	Hyperthyroid (I-131)	-	\$425
2922	Thyroid Neoplasia-Surgical	-	325

Code	Diagnosis
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		A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
Parathyroid			
Conditions			
2940	Hyperparathyroidism	\$335	\$135
2942	Hypoparathyroidism	240	95
2944	Parathyroid Neoplasia-Medical	280	110
Procedure			
2943	Parathyroid Neoplasia-Surgical	-	\$425
Pituitary			
Conditions			
2960	Diabetes Insipidus	\$245	\$95
2962	Pituitary Neoplasia-Medical	245	100
Procedure			
2967	Pituitary Neoplasia-Surgical	-	\$370

HEMATOLOGY (Blood Disorders)

		A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
Conditions			
3001	Immune Mediated Hemolytic Anemia	\$620	\$245
3003	Heinz-Body Anemia	-	130
3004	Anemia of Chronic Disease	-	215
3005	Aplastic or Hypoplastic Anemia	630	250
3006	Acute Anemia-Injury Related	-	165
3032	Immune Mediated or Idiopathic Thrombocytopenia	395	155
3007	Myeloproliferative Disorders	410	165
3008	Leukemia	505	200
3009	Septicemia	-	225
3010	Myelodysplastic Disorders	570	225
3014	Multiple Myeloma	395	155
Procedure			
3011	Transfusion	-	\$290

LYMPHATIC SYSTEM

		A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
Conditions			
3101	Lymphadenopathy	\$235	\$90
3103	Lymph Node Neoplasia	615	245

SPLENIC (Spleen)

		A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
Conditions			
3204	Splenomegaly	\$265	\$105
3202	Splenic Torsion-Medical	335	135
3206	Splenic Neoplasia-Medical	270	110
Procedures			
3203	Splenectomy	-	\$630
3201	Traumatic Splenic Rupture-Surgical (Includes Splenectomy)	-	630
3205	Splenic Neoplasia-Surgical (Includes Splenectomy)	-	630

MISCELLANEOUS

		A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
Conditions			
7003	Complication of Spay or Neuter	\$25	-
7004	Orthopedic Device Removal	25	-
2020	Open or Undefined Diagnosis	210	\$100
7002	Ascites	-	115
1717	Hypertension	165	100
1607	Adverse Medication Reaction	-	100
3302	Systemic Lupus Erythematosus	285	110
3034	DIC or Systemic Inflammatory Response Syndrome (SIRS)	-	225
7001	Metastatic or Infiltrative Neoplasia	-	275

Specialized Procedures

		A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
7100	Chemotherapy or Radiation Treatment	-	\$1000
7102	Mechanical Ventilation	-	110
7103	Tracheostomy	-	150
7104	Ultrasound Assist-Guided Procedure	-	20
7105	Laparoscopy or Thoracoscopy	-	200
7106	Spinal Tap	-	175
7107	Joint Tap(s)	-	135
7108	Aspiration or Biopsy of Bone Marrow	-	175
7109	Endoscopy or Arthroscopy	-	225
1110	Cardiopulmonary Resuscitation (CPR)	-	120
1000	Euthanasia and/or Remains Care	-	65

Specialized Diagnostic Tests*

		A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
7200	Allergy Test	-	\$150
7201	Contrast Radiographs	-	175
7202	Fluoroscopy	-	225
7203	Metastatic Check-Thoracic Radiograph	-	75
7204	CT Scan	-	450
7205	MRI Scan	-	750
7206	Myelogram	-	325
7207	Nuclear or Isotope Imaging	-	350
7208	Full Diagnostic Ocular or Soft Tissue Ultrasound	-	75
7209	Full Diagnostic Abdominal Ultrasound	-	200
7210	Full Diagnostic Echocardiogram or Thoracic Ultrasound	-	200

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