

**Optional Co-Payment Endorsement
To
Certificate Form No.: MTMRACERT (1/99)**

The foregoing certificate forms (Plan 150 and Plan 300 only) are hereby endorsed as follows provided that this optional co-payment endorsement is selected by certificateholder and applicable premiums are paid:

Schedule of Benefits

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2. (b) **Non-PPO Network Percentage Payable After Satisfaction of Deductible** (unless otherwise specified in the Policy or in this Schedule of Benefits): ~~80%~~ 70%

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- (l) **Office Visits:** ~~Inside PPO Network: 90%~~
 ~~Outside PPO Network: 80%~~ 70%

1. Plan 150:

PPO Network Physician Office Visit Co-Payment \$10

2. Plan 300:

PPO Network Physician Office Visit Co-Payment \$15

Office Visit co-payments are not applied toward Deductible or Out-of-Pocket amounts and must be paid even if the Out-of-Pocket amount has been satisfied.

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I. DEFINITIONS:

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“**Physician Office Visit**” means Covered Services that are eligible for Benefits under the terms of the Policy and are both: (i) performed by a medical doctor (M.D.), a doctor of osteopathy (D.O.), or a nurse practitioner within the Physician’s office; and (ii) are included on the Physician’s billing statement. The term Physician Office Visit does not include services performed by a laboratory outside the Physician’s office or by health professionals that are not specified herein, including, but not limited to: Ph.D.s, chiropractors, social workers, radiologists, and physical therapists. The term Physician Office Visit does include the following services, **provided that they are performed in a Physician’s office:** cytologic screening, pap smears, mammograms, prostate tests, routine physical exams (subject to the annual maximum set forth in the Schedule of Benefits), check-ups, childhood immunization, and influenza immunization.