Optional Co-Payment Endorsement

to

Certificate Form No.: Arizona CERT (1/06)

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

(If 90% PPO – 80% Non-PPO Plan)

Schedule of Benefits

* * *

~~**(n) Office Visits: Inside PPO Network: 90%**~~
~~**Outside PPO Network: 80%**~~

(n) Office Visits: Inside PPO Network: $25 copayment
Outside PPO Network: 40%

Office Visit co-payments and coinsurance amounts are not subject to, or applicable toward, Deductible or Out-of-Pocket amounts and must be paid even if the Deductible and Out-of-Pocket amounts have been satisfied.

* * *

(If 80% PPO – 60% Non-PPO Plan)

Schedule of Benefits

* * *

~~**(n) Office Visits: Inside PPO Network: 80%**~~
~~**Outside PPO Network: 60%**~~

(n) Office Visits: Inside PPO Network: $25 copayment
Outside PPO Network: 40%

Office Visit co-payments and coinsurance amounts are not subject to, or applicable toward, Deductible or Out-of-Pocket amounts and must be paid even if the Deductible and Out-of-Pocket amounts have been satisfied.

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