

**Optional Co-Payment Endorsement  
To  
Form Nos.: Idaho 150 (1/99) and 300 (1/99)**

The foregoing forms are hereby endorsed as follows:

**Schedule of Benefits**

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

1. Plan 150:

a. PPO Network Physician Office Visit Co-Payment .....\$10

b. Non-PPO Network Physician Office Visit Co-Payment .....\$20

2. Plan 300:

a. PPO Network Physician Office Visit Co-Payment .....\$15

b. Non-PPO Network Physician Office Visit Co-Payment .....\$30

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 the 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.