

OPTIONAL CO-PAYMENT RIDER

To

Form Nos: MM100 (NV 1/98) and MM100 (NV 1/98) SOB

Policy Form No.: MM100 (NV1/98) is hereby endorsed as follows:

I. DEFINITIONS:

73. “**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 his office; and (ii) are included on his billing statement. The term Physician Office Visit does not include services performed by outside laboratories or 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.

A. COMPREHENSIVE MAJOR MEDICAL EXPENSE PLAN:

* * *

2. Percentage payable after satisfaction of Deductible and prior to the satisfaction of the Out-of-Pocket Maximum amounts:

* * *

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

* * *

- | | | |
|-------------------------------|-----------|--------------------------------|
| 2.5. Physician Office Visits: | 150 Plan: | \$10.00 PPO
\$20.00 Non-PPO |
| | 300 Plan: | \$15.00 PPO
\$30.00 Non-PPO |

Physician 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.

MM100 MM&SOB (NV 1/98) RIDNVCOP80/60