

OPTIONAL ENDORSEMENT

TO

Certificate Form Nos. New Mexico CERT (1/04)

The foregoing certificate form is hereby amended as follows:

Schedule of Benefits

A. **COMPREHENSIVE MAJOR MEDICAL EXPENSE PLAN:** The following services and treatments are covered at the benefit levels set forth below subject to the terms, limitations, and exclusions of the policy.

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2. **Percentage payable after satisfaction of Deductible and prior to the satisfaction of the Out-of-Pocket maximum amounts for eligible Inpatient Hospital, Outpatient Hospital, Surgical and Medical services:**

- (a) **PPO Network Percentage Payable after Deductible** (unless otherwise specified in the Policy or in this Schedule of Benefits): ~~90%~~ 80%
- (b) **Non-PPO Network Percentage Payable after Deductible** (unless otherwise specified in the Policy or in this Schedule of Benefits): ~~80%~~ 60%

(c) **Inpatient Mental Illness Care and Outpatient Mental Illness Care:**

1. **Inpatient Mental Illness Care:**

Inside PPO Network:	90% <u>80%</u>
Outside PPO Network:	80% <u>60%</u>

2. **Outpatient Mental Illness Care:**

Inside PPO Network:	90% <u>80%</u>
Outside PPO Network:	80% <u>60%</u>

(d) **Inpatient Treatment of Alcohol Dependency and Outpatient Treatment of Alcohol Dependency:**

1. **Inpatient Treatment of Alcohol Dependency:** Eligible expenses are covered to a maximum of thirty (30) days in a twelve (12) month benefit period. The Policy also limits eligible expenses to those that are incurred during a maximum of two (2) benefit periods during the lifetime of the Policy.

Inside PPO Network:	90% <u>80%</u>
Outside PPO Network:	80% <u>60%</u>

2. **Outpatient Treatment of Alcohol Dependency:** Eligible expenses are covered to a maximum of thirty (30) days in a twelve (12) month benefit period. The Policy also limits eligible expenses to those that are incurred during a maximum of two (2) benefit periods during the lifetime of the Policy.

Inside PPO Network:	90% <u>80%</u>
Outside PPO Network:	80% <u>60%</u>

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(b) For Insureds and Dependents age nineteen (19) or older, all Deductible Plans cover routine physical examinations and check-ups, including routine lab work required for the routine physical examination to an annual maximum Benefit of **\$300**. This Benefit does not include mammograms and immunizations, which are covered elsewhere in the Policy. Routine adult immunizations are covered for Insureds and Dependents age nineteen (19) or older as determined in accordance with the most recent guidelines of the Centers for Disease Control. On the 150 & 300 Deductible Plans, this Benefit is not subject to the Calendar Year Deductible and amounts paid by the Insured for these procedures are not applicable to the satisfaction of the Deductible. On the 500 & 1000 Deductible Plans, this Benefit is subject to the Calendar Year Deductible, and the annual maximum Benefit will either be paid by the Company (if the Deductible has been satisfied) or applied to the Calendar Year Deductible (if the Deductible has not been satisfied). Amounts in excess of the \$300 maximum are neither payable by the Company nor applicable to the Deductible.

Inside PPO Network: ~~90%~~ 80%
Outside PPO Network: ~~80%~~ 60%

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4. **Routine childhood immunizations and influenza immunizations: ~~90%~~ 80%**. This Benefit is not subject to the Calendar Year Deductible and amounts paid by the Insured for these procedures are not applicable to the satisfaction of the Deductible. Routine childhood immunizations shall be determined in accordance with the most recent guidelines of the Centers for Disease Control.

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6. **Annual Out-of-Pocket:**

(a) **Individual Annual Maximum Out-of-Pocket Payout:**

150 Plan:	\$1,000	<u>\$2,000</u>
300 Plan:	\$1,200	<u>\$2,400</u>
500 Plan:	\$1,500	<u>\$3,000</u>
1000 Plan:	\$2,000	<u>\$4,000</u>

(b) **Annual Family Maximum Out-of-Pocket Payout:**

150 Plan:	\$2,000	<u>\$4,000</u>
300 Plan:	\$2,400	<u>\$4,800</u>
500 Plan:	\$3,000	<u>\$6,000</u>
1000 Plan:	\$4,000	<u>\$8,000</u>

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