

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

The foregoing forms are hereby endorsed as follows:

Schedule of Benefits

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

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 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.