

**CERTIFICATE OF INSURANCE
FOR
GROUP HEALTH INDEMNITY INSURANCE**

About Your Insurance – This Certificate explains the Group Health Indemnity Insurance that is underwritten by Transamerica Life Insurance Company. Read it closely to become familiar with Your coverage.

Terms important to understanding this Certificate are defined in the **Definitions** section or in separate Certificate Provisions and are capitalized in this Certificate.

Important Notice – Benefits are payable as described in this Certificate for Accidents or Sicknesses that occur or are incurred while the Covered Person is insured under the Policy, and after any applicable Waiting Period has expired.

The Group Master Policy under which this Certificate is issued may at any time be amended or canceled, as stated in its provisions. Such an action may be taken without the consent of or notice to any Covered Person. Premiums are subject to periodic changes.

The Group Master Policy provides the benefits described in this Certificate. This Certificate, together with any attached Riders and endorsements, constitute the entire Certificate of Insurance. It replaces any prior Certificates of Insurance issued under the Group Master Policy.

We have full discretion and the final authority to construe disputed or seemingly inconsistent provisions of the Group Master Policy, and to make all decisions regarding eligibility and/or entitlement to coverage or benefits.

The insurance under the Group Master Policy does not take the place of nor does it affect any requirements for coverage by Workers' Compensation or a similar type of insurance.

The benefits for Dependents which are described in this Certificate will be applicable to each of Your Dependents only if You are insured and You have made the application to have each of Your Dependents insured, such application has been approved by Us, and You pay the premium required for each Dependent.

Group [Participant] [Master Policyholder]: [Big Store Corporation]

Governing Jurisdiction: [Illinois]

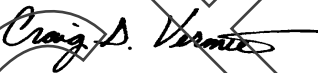
Group [Participant] [Master Policy] Number: [123456789a]

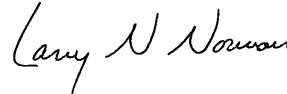
Insured: [John Doe]

Certificate Number: [06000000]

Certificate Effective Date: [January 1, 2003]

We have signed on behalf of Transamerica Life Insurance Company.


General Counsel and Secretary


President

Transamerica Life Insurance Company
Cedar Rapids, Iowa
Administrative Office: [P.O. Box 8063, Little Rock, Arkansas 72203-8063]
Toll-Free Telephone Number [1-888-763-7474]

**CERTIFICATE
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SPECIAL

**SECTION 1
SCHEDULE OF BENEFITS**

INSURED: [JOHN DOE] CERTIFICATE NUMBER: [0000000000]
 AGE AT ISSUE: [35] DEPENDENT COVERAGE: [NONE]
 [SPOUSE ONLY]
 [CHILD(REN) ONLY]
 [SPOUSE AND CHILDREN]
 INSURED EFFECTIVE DATE: [09/01/03] [DEPENDENT EFFECTIVE DATE: [10/01/03]]

BENEFIT COVERAGE

<u>EFFECTIVE DATE</u>	<u>TYPE OF COVERAGE</u>
[[01/01/03]	<p>DAILY IN-HOSPITAL INDEMNITY BENEFIT BENEFIT: [\$100 - \$750] PER DAY PAYABLE FOR A MAXIMUM OF [30] DAYS PER CONFINEMENT</p>
[[01/01/03]	<p>SURGICAL AND ANESTHESIA INDEMNITY BENEFIT BENEFIT FOR SURGERY AS LISTED IN THE SCHEDULE OF SURGICAL INDEMNITY BENEFITS: [Plan 1,000] [Plan 1,500][Plan 2,000][Plan 2,500] BENEFIT FOR ANESTHESIA: [EQUAL TO [20%] OF SURGERY BENEFIT AMOUNT]</p>
[[01/01/03]	<p>OUTPATIENT PHYSICIAN OFFICE VISIT INDEMNITY BENEFIT BENEFIT: [\$30] [\$50] [\$75] PER VISIT MAXIMUM NUMBER OF OFFICE VISITS PER CALENDAR YEAR: PER PERSON, INSURED OR SPOUSE: [1 - 5] ALL CHILDREN COMBINED: [5]</p>
[[01/01/03]	<p>OUTPATIENT DIAGNOSTIC X-RAY AND LABORATORY INDEMNITY BENEFIT BENEFIT: [\$30][\$50][\$75] PER TESTING DAY MAXIMUM NUMBER OF TESTING DAYS PER COVERED PERSON, PER CALENDAR YEAR: [1][2][3]</p>
[[01/01/03]	<p>OFF-THE-JOB ACCIDENTAL INJURY BENEFIT BENEFIT: [\$300 - \$1,000] PER COVERED ACCIDENT MAXIMUM NUMBER OF OCCURRENCES PER PERSON, PER CALENDAR YEAR: [1-5] AMBULANCE BENEFIT: [\$350] PER PERSON MAXIMUM NUMBER OF OCCURRENCES PER FAMILY, PER CALENDAR YEAR: [3]</p>

**SCHEDULE OF BENEFITS
(Continued)**

EFFECTIVE DATE

TYPE OF COVERAGE

[[01/01/03] **CRITICAL ILLNESS INDEMNITY BENEFITS**

CRITICAL ILLNESS BENEFIT:

INSURED BENEFIT: [\$2,500 - \$10,000]
DEPENDENT BENEFIT: [EQUAL TO 50% OF INSURED BENEFIT]
PAYABLE ONE TIME ONLY, PER COVERED PERSON

SKIN CANCER BENEFIT: [5%] OF INSURED OR DEPENDENT BENEFIT
PAYABLE ONE TIME ONLY, PER COVERED PERSON

CARCINOMA IN SITU BENEFIT: [5%] OF INSURED OR DEPENDENT BENEFIT
PAYABLE ONE TIME ONLY, PER COVERED PERSON

CRITICAL ILLNESS BENEFIT WAITING PERIOD: [30 DAYS]]

[[01/01/03] **SUBSEQUENT CRITICAL ILLNESS INDEMNITY BENEFIT**

INSURED BENEFIT: [\$2,500 - \$10,000]
DEPENDENT BENEFIT: [EQUAL TO 50% OF INSURED BENEFIT]
PAYABLE ONE TIME ONLY, PER COVERED PERSON]

[[01/01/03] **WELLNESS INDEMNITY BENEFIT**

BENEFIT: [\$25][\$50][\$75][\$100]
PER COVERED PERSON, PER CALENDAR YEAR

WELLNESS BENEFIT WAITING PERIOD: [6] [12] MONTHS]]

[[01/01/03] **IN-HOSPITAL AND SURGICAL ADDITIONAL INDEMNITY BENEFIT**

BENEFIT: [\$1,000 - \$10,000] PER CONFINEMENT
MAXIMUM NUMBER OF CONFINEMENTS
PER COVERED PERSON, PER CALENDAR YEAR: [1][2][3]]

[[01/01/03] **OUTPATIENT PRESCRIPTION DRUG INDEMNITY BENEFIT**

BENEFIT: [\$10][\$20] PER PRESCRIPTION
MAXIMUM NUMBER OF PRESCRIPTIONS PER CALENDAR YEAR:
INSURED AND SPOUSE: [12 PER COVERED PERSON, PER YEAR]
[ONE PER COVERED PERSON PER MONTH]
DEPENDENT CHILDREN: [12 FOR ALL CHILDREN COMBINED, PER YEAR]
[ONE FOR ALL CHILDREN COMBINED, PER MONTH]]

SECTION 2 DEFINITIONS

"Accident" means sudden, unexpected and unintended Injury which is independent of any Sickness and which is caused by or the result of external and violent means, and that takes place while the Covered Person's coverage is in effect.

"Actively at Work" means that an employee is:

1. doing in the usual manner all of the regular duties of his or her employment on a scheduled work day; and
2. these duties are being done at one of the places of business where he or she normally does such duties or at some location to which his or her employment sends him or her.

An employee will be said to be Actively at Work on a day which is not a scheduled work day only if he or she would be able to perform in the usual manner all of the regular duties of his or her employment if it were a scheduled work day, and was Actively at Work on the last preceding regular work day.

"Application or Enrollment Form" means the form an Insured completed and signed to apply for this Group Health Indemnity Insurance.

"Calendar Year" means the period from January 1 through December 31 of the same year.

"Certificate" means this document given to the Insured that describes the terms of insurance made available to insured employees, and their insured Spouses and /or Children, if applicable.

"Child" means a Child of Yours who is unmarried; under the age of 19; dependent upon the Insured for more than 50% of his/her support and maintenance; and is:

1. a natural Child who lives with You;
2. a legally adopted Child or a Child who has been placed for adoption with You, and who lives with You;
3. a stepchild who lives with You;
4. a Child who lives with You and for whom You have been appointed legal guardian; or
5. a Child not living with You, but for whom You are legally required to provide support.

"Child" also includes a Child who meets the criteria described above, but who is age 19 years of age or older, if the Child:

1. is a full-time student at an accredited educational institution, college, university, vocational institution, trade school, or secondary institution, and is under the age of 24; or
2. becomes incapable of self-support because of mental retardation or physical impairment while insured, and prior to reaching the limiting age for a Child. The Child must be dependent on You for support and maintenance. We must receive proof of incapacity within 31 days after coverage would otherwise terminate. Then, coverage will continue for as long as Your insurance stays in force and the Child remains incapacitated. Additional proof may be required from time to time, but no more often than once a year after the Child attains age 24.

The term "Child" does not include a child who engages in any employment or business for compensation, profit or gain for 30 or more hours per week, unless such child is a full-time student as described above.

"Confinement (or Confined)" means that period of time the Covered Person is actually Confined in a Hospital on an inpatient basis in excess of 23 hours. Confinement does not include that period of time during which a Covered Person is in a Hospital emergency room, an observation room, or a freestanding surgical facility or outpatient facility. Successive Confinements separated by 30 days or less will be considered as one Confinement.

"Covered Person(s)" means any or all of the following: You, Your Spouse or Your Child(ren), who has been accepted by Us for coverage.

"Critical Illness" means any of the following conditions:

1. Cancer – A disease which is identified by the presence of a malignant tumor characterized by uncontrolled growth and spread of malignant cells, and the invasion of tissue. Leukemia and Hodgkin's Disease (except Stage 1 Hodgkin's Disease) will be considered Cancer.

Cancer does not include:

- a. pre-malignant conditions or conditions with malignant potential;
 - b. prostatic cancers which are histologically described as TNM Classification T1 (including T1(a) or T1(b), or of other equivalent or lesser classification).
2. Skin Cancer – Basal cell epithelioma or squamous cell carcinoma. Skin cancer does not include malignant melanoma or mycosis fungoides.
 3. Carcinoma In Situ – Cancer that is confined to the site of origin without having invaded neighboring tissue.
 4. Heart Attack – The death (infarction) of a portion of heart muscle as a result of inadequate blood supply. The diagnosis must be based on all of the following criteria:
 - a. associated new electrocardiographic (EKG) changes consistent with Injury;
 - b. elevation of cardiac enzymes; and
 - c. confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.
 5. Stroke – A cerebrovascular event resulting in permanent neurological damage, including infarction, hemorrhage or embolization of brain tissue from an extracranial source. The diagnosis must be based on:
 - a. documented neurological deficits; and
 - b. confirmatory neuroimaging studies.

Stroke does not include cerebral symptoms due to:

- a. transient ischemic attack (TIA);
 - b. reversible neurological deficit;
 - c. migraine;
 - d. cerebral injury resulting from trauma or hypoxia; or
 - e. vascular disease affecting the eye, optic nerve or vestibular functions.
6. End Stage Renal Failure – Chronic, irreversible failure of the function of both kidneys, such that a Covered Person must undergo regular hemodialysis or peritoneal dialysis at least weekly.
 7. Major Organ Transplant Surgery – A Covered Person undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney or pancreas.

"Dependent" means Your Child or Spouse as defined in this Certificate.

"Disability (or Disabled)" means, for You, the inability, due to an Injury or Sickness, to perform all of the substantial and material duties of Your regular occupation.

For a Dependent Child or Spouse, "Disabled" means the inability to perform a majority of the normal activities of a person of like age in good health.

"Employer Waiting Period" means the period of time from Your date of employment that must expire before You are eligible to enroll for coverage, as specified in the Participation Agreement.

["Evidence of Insurability" means correct and complete answers to the questions in the Application or Enrollment Form and medical history, if necessary, which are used by Us to base Our acceptance of any proposed Covered Person.]

"Group Master Policy" or "Policy" is the contract, issued to the Group Master Policyholder, whose provisions govern the insurance provided to the Group [Participant's] [Master Policyholder's] insured employees, and their Spouses and/or Dependent Children, if applicable. A copy of the Group Master Policy is furnished to the Group [Participant] [Policyholder].

"Group [Participant] [Master Policyholder]" means the employer that has asked Us to make this insurance available to its eligible employees and their eligible Spouses and /or eligible Dependent Children, if applicable.

"Hospital" means a licensed institution that:

1. Has on its premises or in facilities available to the Hospital on a contractual prearranged basis and under the supervision of a staff of one or more duly licensed Physicians:
 - a. Laboratory, x-ray equipment and operating rooms where major surgical operations may be performed by licensed Physicians;
 - b. permanent and full-time facilities for the care of overnight resident bed patients under the supervision of a licensed Physician;
 - c. 24-hour-a-day nursing service by graduate registered nurses; and
 - d. a patient's written history and medical records; and
2. is accredited by the Joint Commission on Accreditation of Health Care Organizations.

The term Hospital does not include any institution used by the Covered Person as:

1. a place for rehabilitation;
2. a place for rest, or for the aged;
3. a nursing or convalescent home;
4. a long term nursing unit or geriatrics ward; or
5. an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

"Immediate Family" means the spouse, father, mother, brothers, sisters, or child of any Covered Person.

"Insured" means the employee who is a member of an eligible class as defined by the Group [Participant] [Master Policyholder] and has been approved by Us for coverage, and whose name appears on the face page of this Certificate.

"Injury" or "Off-the-Job Injury" means an Injury which is caused by an Accident, and does not occur while in the course of any legal or illegal occupation, activity or employment for pay, benefit or profit.

"Participation Agreement" means the document by which the Group [Participant] agrees to participate in the [Transamerica Group Insurance Trust] and [Master Policyholder] agrees to offer Group Health Indemnity Insurance to its employees.

"Physician" means a practitioner of the healing arts who:

1. is practicing within the scope of his or her license in the state where so licensed; and
2. is not a member of Your Immediate Family.

"Pre-Existing Condition" means a disease, Accident, Sickness or physical condition for which symptoms existed that would cause an ordinarily prudent person to seek diagnosis, or for which a Covered Person:

1. had treatment;
2. incurred expense;
3. took medication; or
4. received a diagnosis or advice from a Physician;

during the 12-month period immediately preceding the Effective Date of his or her coverage. The term "Pre-Existing Condition" will also include conditions which are related to such disease, Accident, Sickness or physical condition.

"Schedule of Benefits (or Schedule)" means the benefit schedule set forth in this Certificate.

"Sickness" means illness or disease which first manifests itself while the Covered Person's coverage is in force and is the direct cause of the loss.

"Spouse" means Your legally married Spouse named in the Application or Enrollment Form. Spouse includes Your common law spouse named in the Application or Enrollment Form if legally recognized in the state in which You reside.

"Testing Day" means the day on which a diagnostic x-ray or laboratory test is performed.

"Waiting Period" with respect to the Critical Illness Indemnity Benefits and Wellness Indemnity Benefit only (if included), means the period of time after the Effective Date of this Certificate which must expire before You or a covered Dependent Child or Spouse are eligible for benefits.

"We, Us, Our, " means Transamerica Life Insurance Company.

"You, Your, Yours" means the Insured.

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SECTION 3 ELIGIBILITY AND EFFECTIVE DATE

Effective Dates are shown on the Schedule of Benefits. Coverage will start on such date at 12:01 AM at the main place of business of the Group [Participant] [Master Policyholder]. Effective Dates for all persons added to coverage after this Certificate is issued will be shown in the Schedule of Benefits issued at the time of the addition.

Insured Employee Eligibility

To be eligible an employee must:

1. be a member of an eligible class of employees, as defined in the Participation Agreement;
2. satisfy any required Employer Waiting Period, as stated in the Participation Agreement ;
3. satisfactorily answer all eligibility and other questions on the Application or Enrollment Form [and must provide Evidence of Insurability satisfactory to Us, if We ask for it]; and
4. be Actively at Work.

Insured Employee Effective Date

The insurance on eligible employees will take effect on the Effective Date of the Group [Participant] [Master Policyholder] if:

1. an Application or Enrollment Form is completed on or before said Effective Date; and
2. such person is Actively at Work; and
3. the first premium is paid and received by Us.

After the Group [Participant] [Master Policyholder] Effective Date, the insurance of eligible employees will take effect on the first day of the month which coincides with or next follows the date the employees first become eligible and are approved for coverage. Additionally, the first premium must have been received by Us, and all provisions listed in 1, 2, 3, and 4 of the Insured Employee Eligibility provision above, and the rules stated in the Participation Agreement, must be met.

If You are Disabled on what otherwise would be the Effective Date, Your coverage will be deferred until the first of the month following the date You cease to be Disabled.

Dependent Eligibility

If Dependent coverage is available, a Dependent will be eligible for such coverage on the latest of the following dates:

1. the day You become eligible for coverage; or
2. the day he/she first meets the definition of Dependent.

Dependent coverage may be elected by the Insured by:

1. applying for Dependent coverage within 31 days of the date the Dependent becomes eligible; and
2. completing any required form for payroll deduction.

Application for enrollment of a Spouse or Child must be completed, and any required premium paid, within 31 days of the date the Spouse or Child meets these eligibility criteria. If such application is not made within that 31-day period, the Spouse or Child will be considered a late enrollee [and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective].

Any eligible Dependent who does not become a Covered Person on the Insured Employee Effective Date may be added to this Certificate subject to:

1. the completion of an Application or Enrollment Form [providing Evidence of Insurability]; and
2. payment of any additional premium, if required.

If an employee and his/her Spouse are both eligible as an employee, the Children may be insured as Dependents of either the employee or his/her Spouse, but not both of them.

Dependent Effective Date

The Effective Date of coverage for each eligible Dependent will be on the first day of the month that coincides with or next follows:

1. Our acceptance of the Application or Enrollment Form; and
2. receipt of the first premium by Us.

However, if on such date Your coverage has not yet taken effect, the Effective Date for Dependent coverage will be the same as Your Effective Date.

If a Dependent is Disabled on the date coverage (with respect to that particular Dependent) would otherwise take effect, the coverage for that Dependent will be deferred until the first of the month following cessation of Disability for that Dependent.

Newborn Child Effective Date

A newborn Dependent Child will become insured for coverage automatically on the day he or she is born, as long as Your coverage is in force on that date. Coverage includes premature babies, congenital defects and birth abnormalities. The Dependent newborn Child's coverage will not continue past the 31-day period following birth unless:

1. We are notified by the end of the 31-day period of the addition of such newborn Child; and
2. any applicable additional premium is paid.

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SECTION 4 BENEFIT PROVISIONS

HEALTH INDEMNITY BENEFITS: Subject to the provisions of this Certificate, We will pay for any of the following losses or expenses that occur or are incurred while the Covered Person is insured under the Policy, subject to any Extension of Benefits provision:

Daily In-Hospital Indemnity Benefit: If a Covered Person, while insured, is Confined in a Hospital as a result of Accident or Sickness, We will pay the benefit amount shown in the Schedule. Payment will be for each day of Confinement, for up to the Maximum Number of Days per Confinement, as shown in the Schedule. No benefit will be paid for any day the Covered Person is not under the regular care and attendance of a Physician.

[Surgical and Anesthesia Indemnity Benefit: If a Covered Person undergoes a surgical procedure listed in the Schedule of Surgical Indemnity Benefits as a result of Accident or Sickness, We will pay the benefit shown in the Schedule of Surgical Indemnity Benefits. We will also pay the benefit amount, as shown in the Schedule of Benefits, for the administration of anesthesia by a Physician in connection with the surgery.

If two or more procedures are performed through the same incision or operative field, the benefit paid will be for only the procedure that has the larger benefit. If more than one procedure is performed, but each through a separate incision or in a separate operative field, the amount payable will be the specified amount for the primary procedure plus 50% of the amount payable for all other surgical procedures performed.

With respect to a surgical procedure not listed in the Schedule of Surgical Indemnity Benefits, we will pay an indemnity benefit at a rate consistent with similar procedures that are listed in the Schedule of Surgical Indemnity Benefits.]

[Outpatient Physician Office Visit Indemnity Benefit: We will pay the Outpatient Physician Office Visit Indemnity Benefit, shown in the Schedule, for a Physician office visit as a result of Sickness or Accident. For each Calendar Year, the total amount paid under this benefit will not exceed the Maximum Number of Office Visits per Calendar Year shown in the Schedule.]

[Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit: We will pay the benefit as shown in the Schedule when laboratory tests are performed for the purpose of diagnosis of a covered Accident or Sickness as indicated by symptoms that would suggest an Injury or Sickness has occurred, while the Covered Person is not Confined in a Hospital. This benefit is limited to once per Testing Day, not to exceed the Maximum Number of Testing Days per Calendar Year shown in the Schedule.]

[Critical Illness Indemnity Benefits: The Critical Illness Indemnity Benefits are payable only one time for each Covered Person, and will be paid in addition to any other benefit in this Certificate. After the Waiting Period shown in the Schedule has expired, benefits are payable for the following:

Critical Illness: We will pay the amount shown in the Schedule for each Covered Person when he/she is first diagnosed as having a covered Critical Illness.

Carcinoma In Situ: We will pay the amount specified in the Schedule for each Covered Person when he/she is first diagnosed as having Carcinoma In Situ.

Skin Cancer: We will pay the amount specified in the Schedule for each Covered Person when he/she is first diagnosed as having Skin Cancer.]

[Subsequent Critical Illness Indemnity Benefit: We will pay this benefit, in the amount specified in the Schedule of Benefits, when a Covered Person is first diagnosed as having a subsequent and separate covered Critical Illness. The subsequent Critical Illness must be a Critical Illness that is defined in a separate category of conditions than the first covered Critical Illness. The subsequent and separate covered Critical Illness must first manifest itself, and be diagnosed more than 60 days after the first covered Critical Illness is initially diagnosed. This subsequent Critical Illness benefit is payable only one time for each Covered Person, and will be paid in addition to any other benefit in this Certificate. This Subsequent Critical Illness Benefit is not payable for Carcinoma In Situ or Skin Cancer.]

[Off-the-Job Accidental Injury Benefit: We will pay benefits on the actual charges incurred, up to the amount shown in the Schedule for each Covered Person, for x-rays used to diagnose an Accidental Injury and treatment of a covered Accident by a Physician in the Physician's office, clinic, or urgent care facility or Hospital emergency room. Treatment must be received within 72 hours of such Accident for benefits to be payable. This benefit is not to exceed the Maximum Number of Occurrences per person per Calendar Year shown in the Schedule.

We will also pay the benefit shown in the Schedule if a Covered Person requires ambulance transportation to a Hospital or emergency center for injuries sustained in an Accident. This benefit will be paid for the maximum number of occurrences per Calendar Year shown in the Schedule. Ambulance transportation must be within 72 hours of the Accident, and be provided by a licensed professional ambulance company.]

[Wellness Benefit: We will pay the amount shown in the Schedule for each Covered Person who has undergone the following: physical examinations, mammograms, pap smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests and blood screenings, after the Waiting Period shown in the Schedule has expired. This benefit is payable only once each 12-month period for each Covered Person. Services must be under the supervision of or recommended by a Physician, and a charge must be incurred.]

[In-Hospital and Surgical Additional Indemnity Benefit: We will pay the amount specified in the Schedule for each Covered Person when he/she receives treatment or surgery while Confined in a Hospital as an inpatient as a result of an Accident or Sickness. This benefit will be paid for the maximum number of Confinements per Calendar Year as shown in the Schedule. No benefit will be paid for any period of Confinement during which the Covered Person is not under the regular care and attendance of a Physician

[Prescription Drug Indemnity Benefit: We will pay the amount specified in the Schedule when a Covered Person incurs expenses for prescription drugs, when such drugs are prescribed by a Physician, as a result of an Accident or Sickness. This benefit will be paid for the Maximum Number of Prescriptions per Calendar Year as shown in the Schedule.]

Benefits When There is a Break in Service

If a Covered Person's coverage terminates for any reason, and such person is re-enrolled for coverage as either an employee or Dependent under this Policy or any other Transamerica Life Insurance Company Group Health Indemnity Insurance Benefit Policy, all benefits paid during the Calendar Year will be accumulated and applied towards the maximum benefit for that Calendar Year as described in the Schedule of Benefits, no matter how many times a Covered Person becomes insured under this or any other Transamerica Life Insurance Company Group Health Indemnity Insurance Benefit Policy. In addition, the Pre-Existing Condition Limitation provision will apply to its full extent if such re-enrollment does not occur within 60 days after the most recent termination. If re-enrollment does occur within 60 days after the most recent termination, the Pre-Existing Condition Limitation will be waived to the extent that such person has satisfied the provision during the prior coverage period.

SPEECH

SCHEDULE OF SURGICAL INDEMNITY BENEFITS

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Abdomen, Peritoneum, and Omentum, Laparoscopy	49320-49329	148	222	296	370
Ablation, Liver	47380-47382	439	659	878	1,098
Acne Surgery	10040	37	56	74	93
Adenoidectomy	42830-42836	89	134	178	223
Adjacent Tissue Transfer or Rearrangement	14000-14350	298	447	596	745
Allograft/Autograft For Spine Surgery	20930-20938	85	128	170	213
Aneurysm, Arteriovenous Malformation or Vascular Disease, Surgery for	61680-61711	972	1,458	1,944	2,430
Angioscopy	35400	73	110	146	183
Anterior Segment of the Eye, Surgery of the (Complex)	65760, 65767-65770, 65850, 65900, 66160, 66170-66180, 66605, 66986, S0800, S0810	476	714	952	1,190
Anterior Segment of the Eye, Surgery of the (Highly Complex)	65765	960	1,440	1,920	2,400
Anterior Segment of the Eye, Surgery of the (Moderate Complexity)	65400, 65420-65426, 65450-65600, 65771-65775, 65810-65820, 65855-65880, 65920-65930, 66130-66155, 66165, 66185-66220, 66250-66600, 66625-66770, 66985	186	279	372	465
Anterior Segment of the Eye, Surgery of the (Simple)	65410, 65430-65436, 65800-65805, 66020-66030, 66999	105	158	210	263
Anus, Surgery of the (Moderate Complexity)	46040-46045, 46060, 46200, 46211, 46270-46288, 46700-46715, 46753, 46938	164	246	328	410
Anus, Surgery of the (Simple)	46030, 46050, 46070-46080, 46210, 46220, 46320, 46754, 46900-46924, 46937, 46940-46942, 46999	96	144	192	240
Anus, Diagnostic Endoscopy	46600-46606, S0601	23	35	46	58
Anus, Repair of	46716-46748	690	1,035	1,380	1,725
Anus, Surgical Endoscopy	46608-46615	62	93	124	155
Aortic Aneurysm, Repair of (Highly Complex)	34820-34825	723	1,085	1,446	1,808
Aortic Aneurysm, Repair of (Moderate Complexity)	34808-34813, 34826	279	419	558	698
Aortic Aneurysm, Repair of (Simple)	34800-34804, 34830-34832	121	182	242	303
Appendectomy	44950, 44960	281	422	562	703
Appendectomy (Secondary Procedure)	44955	38	57	76	95
Appendectomy, Laparoscopic	44970, 56315	230	345	460	575
Appendiceal Abscess, Incision & Drainage	44900-44901	247	371	494	618
Arm, Amputation of	24900-24940	342	513	684	855
Arterial/Venous Aneurysm, Repair Of (Complex)	35001-35013, 35045, 35111-35112, 35131, 35141-35161	509	764	1,018	1,273
Arterial/Venous Aneurysm, Repair Of (Highly Complex)	35021-35022, 35081-35103, 35121-35122, 35132, 35162	755	1,133	1,510	1,888

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Arterial/Venous Fistula, Repair of	35180-35190, 35870	353	530	706	883
Arteries and Veins, Ligation of	37565-37660, 37788-37799	241	362	482	603
Arteries/Veins, Surgery of the (Complex)	34001-34101, 34151-34401, 34451, 34510-34530, 35693-35695, 35820, 35875-35876, 35879, 35881, 35905-35907	355	533	710	888
Arteries/Veins, Surgery of the (Highly Complex)	34502, 35691	688	1,032	1,376	1,720
Arteries/Veins, Surgery of the (Moderate Complexity)	34111, 34421, 34471-34501, 35701-35800, 35840-35860, 35901-35903, G0159	245	368	490	613
Arteries/Veins, Surgery of the (Simple)	35700	75	113	150	188
Artery Bypass Graft	35500-35571, 35601-35621, 35626-35683	627	941	1,254	1,568
Arthrocentesis	20600-20610	29	44	58	73
Arthrodesis, Ankle Joint	27870-27871	494	741	988	1,235
Arthrodesis, Elbow	24800-24802	413	620	826	1,033
Arthrodesis, Foot or Toe	28705-28760	389	584	778	973
Arthrodesis, Hand or Finger Joint	26820-26860, 26862	357	536	714	893
Arthrodesis, Hand or Finger Joint (Additional Procedures)	26861, 26863	80	120	160	200
Arthrodesis, Hip Joint	27280-27286	489	734	978	1,223
Arthrodesis, Knee	27580	645	968	1,290	1,613
Arthrodesis, Shoulder	23800-23802	507	761	1,014	1,268
Arthrodesis, Wrist Joint	25800-25830	367	551	734	918
Arthroplasty, Forearm/Wrist	25332, 25441-25449	389	584	778	973
Arthroplasty, Hand/Fingers	26530-26536	401	602	802	1,003
Arthroplasty, Hip	27130-27138	693	1,040	1,386	1,733
Arthroplasty, Knee Joint	27437-27447, 27486-27487	692	1,038	1,384	1,730
Arthroplasty, Leg/Ankle Joint	27700-27703	308	462	616	770
Arthroplasty, Shoulder	23470-23472	628	942	1,256	1,570
Arthroplasty, Upper Arm/Elbow	24360-24366	390	585	780	975
Arthroscopy, Knee – Diagnostic	29870	200	300	400	500
Arthroscopy, Metacarpophalangeal Joint	29900-29902	219	329	438	548
Arthroscopy, Other	29850-29856, 29909	317	476	634	793
Arthroscopy, Shoulder	29819-29826, S2300	341	512	682	853
Arthroscopy, Shoulder – Diagnostic	29815	226	339	452	565
Arthroscopy, Temporomandibular Joint	29804	292	438	584	730
Arthroscopy, Temporomandibular Joint – Diagnostic	29800	274	411	548	685
Arthroscopy, Wrist	29843-29848	253	380	506	633
Arthroscopy, Wrist – Diagnostic	29840	244	366	488	610
Arthrotomy, Forearm/Wrist	25040, 25100-25101, 25107	257	386	514	643
Arthrotomy, Hand/Fingers	26070-26110	277	416	554	693
Arthrotomy, Pelvis/Hip Joint	27030-27033, 27050-27052	433	650	866	1,083
Arthrotomy, Shoulder	23040-23044, 23100-23101, 23107	317	476	634	793
Arthrotomy, Thigh/Knee Joint	27310, 27330-27331	304	456	608	760
Arthrotomy, Upper Arm/Elbow	24000-24006, 24100-24101	246	369	492	615
Artificial Insemination	58321-58323	36	54	72	90

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Benign Lesions, Excision of	11400-11471	65	98	130	163
Biliary Tract, Surgery of the (Complex)	47400-47460, 47700-47711, 47715-47716, 47741-47780, 47800, 47802-47900	614	921	1,228	1,535
Biliary Tract, Surgery of the (Highly Complex)	47712, 47785	810	1,215	1,620	2,025
Biliary Tract, Surgery of the (Moderate Complexity)	47480-47490, 47510-47530, 47630, 47801	244	366	488	610
Biliary Tract, Surgery of the (Simple)	47500-47505	57	86	114	143
Biliary Tract, Diagnostic Endoscopy	47550-47553	120	180	240	300
Biliary Tract, Surgical Endoscopy	47554-47556	205	308	410	513
Biopsy, Eye Muscle	67350	83	125	166	208
Biopsy, Prostate	55700-55705	106	159	212	265
Biopsy, Skin	11100-11101	39	59	78	98
Bladder, Surgery of the (Complex)	51060, 51800-51841, 51860-51865, 51900-51925	326	489	652	815
Bladder, Surgery of the (Highly Complex)	51940-51960	642	963	1,284	1,605
Bladder, Surgery of the (Moderate Complexity)	51050, 51080-51500, 51715, 51980	150	225	300	375
Bladder, Surgery of the (Simple)	51000-51010, 51600-51710, 51720-51797	90	135	180	225
Bladder Cystectomy	51550-51596	834	1,251	1,668	2,085
Bladder Cystotomy	51020-51045, 51065, 51520-51535, 51880	229	344	458	573
Blepharoplasty, Eyelids	15820-15823	295	443	590	738
Blood Vessel, Repair of	35201-35286	423	635	846	1,058
Bone Marrow Transplantation	38230-38241	49	74	98	123
Brain Cavity Shunt	62190-62192, 62220-62223	400	600	800	1,000
Breast, Repair or Reconstruction of the (Highly Complex)	19361-19369	743	1,115	1,486	1,858
Breast, Repair or Reconstruction of the (Moderate Complexity)	19324-19340, 19350-19355, 19370-19380	327	491	654	818
Breast, Repair or Reconstruction of the (Simple)	19396	158	237	316	395
Breast, Surgery of the (Moderate Complexity)	19101-19125	185	278	370	463
Breast, Surgery of the (Simple)	19000-19100, 19126, 19290-19291, 19499	43	65	86	108
Breast Tumor, Removal of	19260-19272	449	674	898	1,123
Bunionectomy	28290-28299	343	515	686	858
Burns, Local Treatment	16000-16042	41	62	82	103
Bypass Graft, Not Vein	35623	602	903	1,204	1,505
Cardiac Assist	33960-33978	295	443	590	738
Cardiac Catheterization	93501, 93508-93533	721	1,082	1,442	1,803
Cardiac Valves Procedures	33400-33496	900	1,350	1,800	2,250
Carpal Tunnel Release	64721	191	287	382	478
Casts, Application of	29000-29085, 29305-29450, 29700-29750	36	54	72	90
Cataract Extraction	66825, 66840-66984	308	462	616	770
Cataract Extraction (Second Cataract)	66820-66821, 66830	107	161	214	268

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Chemical Peel	15788-15793	100	150	200	250
Cholecystectomy	47600-47620	385	578	770	963
Cholecystectomy, Laparoscopic	47562-47564, 56340-56342	296	444	592	740
Cholecystoenterostomy	47720-47740	455	683	910	1,138
Circumcision	54150-54161	130	195	260	325
Cleft Lip, Repair of	40700-40761	442	663	884	1,105
Cleft Palate, Repair of	42200-42225	390	585	780	975
Colectomy (Partial)	44140-44147	588	882	1,176	1,470
Colectomy (Total)	44150-44160	605	908	1,210	1,513
Colonoscopy	45355-45385	230	345	460	575
Colostomy	44320-44346, 44605, 45563, 45805	471	707	942	1,178
Colposcopy	57452-57460	56	84	112	140
Complex Cardiac Anomalies, Repair of	33600-33619	967	1,451	1,934	2,418
Conjunctiva, Surgery of the (Complex)	68505, 68550	364	546	728	910
Conjunctiva, Surgery of the (Moderate Complexity)	68130, 68320-68362, 68500, 68510-68540, 68700, 68720-68750, 68770	287	431	574	718
Conjunctiva, Surgery of the (Simple)	68020-68115, 68135-68200, 68399-68440, 68705, 68760-68761, 68800-68899	87	131	174	218
Control Of Nasal Hemorrhage	42970-42972	185	278	370	463
Control Of Throat Hemorrhage	42960-42962	178	267	356	445
Corneal Transplant	65710-65755	466	699	932	1,165
Coronary Artery Anomalies, Repair of	33500-33506	676	1,014	1,352	1,690
Coronary Bypass/Grafts	33510-33516, 33533-33545, 33702-33720, S2205, S2206, S2207, S2209	860	1,290	1,720	2,150
Coronary Bypass/Grafts (Additional)	33517-33530, 33572, S2208	156	234	312	390
Coronary Transluminal Angioplasty	92980	364	546	728	910
Coronary Transluminal Angioplasty (Additional)	92981	102	153	204	255
Craniectomy or Craniotomy	61304-61576	823	1,235	1,646	2,058
Cranioplasty	62120, 62140-62141, 62145-62147	457	686	914	1,143
Cryotherapy for Acne	17340	20	30	40	50
Debridement	11000-11044	30	45	60	75
Dentoalveolar Structures, Surgery of the (Moderate Complexity)	41820, 41823, 41827-41830, 41870, 41874	122	183	244	305
Dentoalveolar Structures, Surgery of the (Simple)	41800-41806, 41821-41822, 41825-41826, 41850, 41872, 41899	67	101	134	168
Destruction By Neurolytic Agent	64600-64680	89	134	178	223
Destruction of Lesion, Retinopathy	67208-67228	327	491	654	818
Destruction, Benign or Premalignant Lesions	17000-17105, 17110-17250, G0051-G0053	30	45	60	75
Destruction, Benign or Premalignant Vascular Lesions	17106-17108	229	344	458	573

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Destruction, Malignant Lesions, Any Method	17260-17286	52	78	104	130
Diagnostic Cystoscopy	52000-52204	111	167	222	278
Diagnostic Sigmoidoscopy	45300-45305, 45330-45331, G0104-G0106, G0120-G0121	49	74	98	123
Diaphragm, Repair of (Neonatal)	39503	1,000	1,500	2,000	2,500
Diaphragm, Repair of	39501-39502, 39520-39561	426	639	852	1,065
Dilatation and Curettage	57820, 58120	127	191	254	318
Elective Esophagogastroduodenoscopy	43200-43258	149	224	298	373
Embolization of Vertebral Body	22520-22522	187	281	374	468
Enterolysis	44005	417	626	834	1,043
Enteroscopy	44360-44361, 44376-44378	79	119	158	198
Epidermal Introduction	11900-11980, S2190	27	41	54	68
ERCP	43260-43272	175	263	350	438
Esophagus, Surgery of the (Complex)	43045, 43101, 43130-43135, 43300-43305, 43320-43352, 43400-43415, 43425	528	792	1,056	1,320
Esophagus, Surgery of the (Moderate Complexity)	43020-43030, 43100, 43420	283	425	566	708
Esophagus, Dilation of the	43450-43460	49	74	98	123
Esophagus, Laparoscopy	43280-43289	457	686	914	1,143
Exenteration Pelvic Complete	51597	982	1,473	1,964	2,455
External Ear, Surgery of the (Complex)	69150-69155, 69310-69320	399	599	798	998
External Ear, Surgery of the (Moderate Complexity)	69110, 69140, 69300	157	236	314	393
External Ear, Surgery of the (Simple)	69000-69105, 69120, 69145, 69399	59	89	118	148
Extracranial, Peripheral, and Autonomic Nerves, Surgery of the (Moderate Complexity)	64876	85	128	170	213
Eyeball, Surgery of the (Complex)	65110-65114	509	764	1,018	1,273
Eyeball, Surgery of the (Moderate Complexity)	65091-65105, 65290	338	507	676	845
Fallopian Tubes, Ligation of	58611	36	54	72	90
Fasciectomy	26121-26125, 28060-28062	354	531	708	885
Female Genital, Surgery of the (Complex)	56805, 57106-57107, 57109-57112, 57265, 57270-57280, 57284-57289, 57292, 57305-57307, 57330-57335, 57540, 57555, 58140, 58540, 58720, 58750-58752, 58770, 58950, 58960	350	525	700	875
Female Genital, Surgery of the (Highly Complex)	57531, 58951-58952	645	968	1,290	1,613

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Female Genital, Surgery of the (Moderate Complexity)	56440, 56740-56800, 56810, 57010, 57065, 57108, 57120, 57200-57260, 57268, 57282, 57291, 57300, 57308-57320, 57520-57530, 57545-57550, 57556-57720, 58145, 58345, 58400-58520, 58615, 58700, 58740, 58760, 58800-58925	171	257	342	428
Female Genital, Surgery of the (Simple)	56405-56420, 56441-56606, 56700-56720, 57000, 57020-57061, 57100-57105, 57130-57180, 57400-57415, 57500-57513, 57800, 58100, 58300-58301, 58340, 58350, 58999	74	111	148	185
Finger, Amputation of	26910-26952	324	486	648	810
Flaps (Graft - Myocutaneous)	15732-15738	518	777	1,036	1,295
Flaps (Graft - Pedicle)	15570-15650	223	335	446	558
Foot & Toes, Surgery of the (Complex)	28114, 28262-28264, 28360	515	773	1,030	1,288
Foot & Toes, Surgery of the (Moderate Complexity)	28002-28035, 28045-28054, 28070-28113, 28116-28175, 28192-28230, 28236-28261, 28270-28280, 28286-28289, 28313-28345	238	357	476	595
Foot & Toes, Surgery of the (Simple)	28001, 28043, 28190, 28232-28234, 28899	158	237	316	395
Foot or Toe - Closed Treatment, Fracture and/or Dislocation of	28400-28405, 28430-28435, 28470-28475, 28490-28495, 28510-28515, 28530, 28540-28545, 28570-28575, 28600-28605, 28630-28635, 28660-28665	101	152	202	253
Foot or Toe - Percutaneous Skeletal Fixation, Fracture and/or Dislocation of	28406, 28436, 28456, 28476, 28496, 28546, 28576, 28606, 28636, 28666	236	354	472	590
Foot or Toe - Treatment Of Tarsal Bone Fracture, Fracture and/or Dislocation of	28450-28455	124	186	248	310
Foot or Toe, Amputation of	28800-28825	255	383	510	638
Foot or Toe, Osteotomy	28300-28312	271	407	542	678
Forearm or Wrist - Closed Treatment, Fracture and/or Dislocation of	25500-25505, 25520, 25530-25535, 25560-25565, 25600-25605, 25622-25624, 25630-25635, 25650-25660, 25675, 25680, 25690	161	242	322	403
Forearm or Wrist - Open Treatment, Fracture and/or Dislocation of	25515, 25525-25526, 25545, 25574-25575, 25620, 25628, 25645, 25670, 25676, 25685, 25695	338	507	676	845
Forearm or Wrist - Percutaneous Skeletal Fixation, Fracture and/or Dislocation of	25611	315	473	630	788

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Forearm, Amputation of	25900-25931	382	573	764	955
Forearm/Wrist, Surgery of the (Complex)	25077, 25170, 25315-25331, 25335-25337, 25390-25440, 25455-25492	456	684	912	1,140
Forearm/Wrist, Surgery of the (Moderate Complexity)	25000-25028, 25035, 25066-25076, 25085, 25105, 25110-25151, 25210-25240, 25248-25312, 25450	230	345	460	575
Forearm/Wrist, Surgery of the (Simple)	25031, 25065, 25246, 25999	181	272	362	453
Forearm/Wrist, Osteotomy	25350-25375	451	677	902	1,128
Foreign Body From Ear, Removal of	69200-69222	23	35	46	58
Foreign Body From Eyeball, Removal of	65205-65265	49	74	98	123
Free Skin Grafts	15000-15100, 15120, 15200, 15220, 15240, 15260, 15350-15401, G0169-G0171	288	432	576	720
Free Skin Grafts (Additional Procedure)	15101, 15121, 15201, 15221, 15241, 15261	59	89	118	148
Gastrectomy	43620-43634, 43639	616	924	1,232	1,540
Gastric Surgery for Morbid Obesity	43846-43848	687	1,031	1,374	1,718
General Pacemaker or Defibrillator Procedures (Complex)	33237-33238, 33243, 33245, 33247-33250, 33260, 33282-33284	399	599	798	998
General Pacemaker or Defibrillator Procedures (Highly Complex)	33246, 33251-33253, 33261	674	1,011	1,348	1,685
General Pacemaker or Defibrillator Procedures (Moderate Complexity)	33210-33236, 33240-33242, 33244	180	270	360	450
Grafts of Bone, Cartilage, Tendon	20900-20926, S2109	265	398	530	663
Great Vessels, Surgery of the (Complex)	33800, 33915	508	762	1,016	1,270
Great Vessels, Surgery of the (Highly Complex)	33735-33737, 33788, 33802-33814, 33822-33851, 33860-33875, 33910, 33916	895	1,343	1,790	2,238
Great Vessels, Surgery of the (Moderate Complexity)	33924	138	207	276	345
Great Vessels, Repair of	33730-33732, 33770-33786, 33820, 33852-33853, 33877, 33917-33920	668	1,002	1,336	1,670
Hair Transplant	15775-15776	125	188	250	313
Hammertoe Operation	28285	234	351	468	585
Hand or Finger - Closed Treatment, Fracture and/or Dislocation of	26600-26607, 26641-26645, 26670-26675, 26700-26705, 26720-26725, 26740-26742, 26750-26755, 26770-26775	109	164	218	273
Hand or Finger - Open Treatment, Fracture and/or Dislocation of	26615, 26665, 26685-26686, 26715, 26735, 26746, 26765, 26785	245	368	490	613
Hand or Finger - Percutaneous Skeletal Fixation, Fracture and/or Dislocation of	26608, 26650, 26676, 26706, 26727, 26756, 26776	248	372	496	620

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Hand/Fingers, Surgery of the (Complex)	26255, 26392, 26492, 26496, 26498, 26555, 26561-26562, 26580-26585, 26590	510	765	1,020	1,275
Hand/Fingers, Surgery of the (Highly Complex)	26550-26554, 26556	981	1,472	1,962	2,453
Hand/Fingers, Surgery of the (Moderate Complexity)	26025-26055, 26117, 26130-26145, 26185, 26250, 26260-26320, 26416, 26437-26455, 26471-26490, 26494, 26497, 26499-26525, 26540-26548, 26557-26560, 26565-26568, 26587, 26591-26593, 26597	271	407	542	678
Hand/Fingers, Surgery of the (Simple)	26010-26011, 26060, 26460, 26989	135	203	270	338
Hand/Fingers, Repair of	26350-26373, 26410-26412, 26418-26434	399	599	798	998
Heart & Pericardium, Surgery of the (Complex)	33020-33025, 33031-33050, 33130, 33300, 33310-33320, 33330	382	573	764	955
Heart & Pericardium, Surgery of the (Highly Complex)	33030, 33120, 33140, 33305, 33321-33322, 33332-33350, 33722, S2204	633	950	1,266	1,583
Heart & Pericardium, Surgery of the (Moderate Complexity)	33015	198	297	396	495
Heart & Pericardium, Surgery of the (Simple)	33010-33011, 33999	56	84	112	140
Heart/Lung Transplantation	33935, 33945	1,000	1,500	2,000	2,500
Heart/Lung Transplantation – Donor	33930, 33940	461	692	922	1,153
Hemorrhoid Surgery	46083, 46500, 46934-46936, 46945-46946	119	179	238	298
Hemorrhoidectomy	46221-46262	143	215	286	358
Hernia Repair	49495-49611	228	342	456	570
Hernia, Laparoscopy	49650-49659	177	266	354	443
Hypospadias, Repair of	54308-54352	453	680	906	1,133
Hysterectomy	58150-58285	413	620	826	1,033
Hysterectomy, Following Cesarean Section	59525	227	341	454	568
Injection of Nerve Block Agent	64400-64530	63	95	126	158
Inner Ear, Surgery of the (Complex)	69801-69820, 69905-69910, 69930	373	560	746	933
Inner Ear, Surgery of the (Highly Complex)	69915	644	966	1,288	1,610
Inner Ear, Surgery of the (Moderate Complexity)	69840	332	498	664	830
Intestine, Laparoscopy	44200-44209	415	623	830	1,038
Intestines Except Rectum, Surgery of the (Complex)	44020-44055, 44111-44120, 44125-44130, 44310, 44316, 44602-44604, 44615, 44625-44700	443	665	886	1,108

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Intestines Except Rectum, Surgery of the (Moderate Complexity)	44010-44015, 44110, 44121, 44300, 44312-44314, 44620, 44800-44850	280	420	560	700
Intestines Except Rectum, Surgery of the (Simple)	44100, 44139, 44500, 44799, 44899	16	24	32	40
Intestines, Diagnostic Endoscopy	44380-44389	120	180	240	300
Intestines, Surgical Endoscopy	44363-44373, 44390-44394	129	194	258	323
Intravascular Ultrasound Services	37250-37251	51	77	102	128
Introduction of Needle or Intracatheter	36000-36012, 36100-36160, 36245-36410, 36420-36680	75	113	150	188
Intubation	31500	53	80	106	133
Kidney, Surgery of the (Complex)	50010-50020, 50100, 50280-50290, 50400, 50500-50540	494	741	988	1,235
Kidney, Surgery of the (Highly Complex)	50405	620	930	1,240	1,550
Kidney, Surgery of the (Moderate Complexity)	50021, 50205, 50392-50393, 50395	105	158	210	263
Kidney, Surgery of the (Simple)	50200, 50390, 50394, 50396-50398	58	87	116	145
Kidney, Diagnostic Endoscopy	50551-50555, 50574	258	387	516	645
Kidney, Surgical Endoscopy	50557-50572, 50575-50580	334	501	668	835
Knee Reconstruction	27427-27429	458	687	916	1,145
Laceration of Eyeball, Repair of	65270-65286	308	462	616	770
Laminectomy	63001-63030, 63040-63047, 63170-63290	454	681	908	1,135
Laminectomy (Additional Procedure)	63035, 63048	92	138	184	230
Laparotomy	49000-49002, 49220	316	474	632	790
Laryngectomy	31360-31382	724	1,086	1,448	1,810
Laryngoplasty	31580-31584, 31587-31588	552	828	1,104	1,380
Larynx, Surgery of the (Complex)	31300	546	819	1,092	1,365
Larynx, Surgery of the (Highly Complex)	31390-31395	973	1,460	1,946	2,433
Larynx, Surgery of the (Moderate Complexity)	31320, 31400-31420, 31585-31586, 31590-31595	395	593	790	988
Larynx, Surgery of the (Simple)	31502, 31599	44	66	88	110
Larynx, Diagnostic Endoscopy	31505-31513	43	65	86	108
Larynx, Surgical Endoscopy	31515-31579	61	92	122	153
Leg or Ankle Joint – Closed Treatment, Fracture and/or Dislocation of	27750-27752, 27760-27762, 27780-27781, 27786-27788, 27808-27810, 27816-27818, 27824-27825, 27830-27831, 27840-27842	160	240	320	400
Leg or Ankle Joint – Open Treatment, Fracture and/or Dislocation of	27758-27759, 27766, 27784, 27792, 27814, 27822-27823, 27826-27829, 27832, 27846-27848	384	576	768	960
Leg or Ankle Joint – Percutaneous Skeletal Fixation, Fracture and/or Dislocation of	27756	309	464	618	773

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Leg or Ankle Joint, Amputation of	27880-27889	409	614	818	1,023
Leg/Ankle Joint, Surgery of the (Complex)	27615, 27626, 27637-27640, 27645-27647, 27650-27654, 27698, 27715-27720, 27742-27745	379	569	758	948
Leg/Ankle Joint, Surgery of the (Moderate Complexity)	27600-27603, 27606-27612, 27614, 27618-27625, 27630-27635, 27641, 27680-27691, 27695-27696, 27704, 27730-27740, 27892-27894	313	470	626	783
Leg/Ankle Joint, Surgery of the (Simple)	27604-27605, 27613, 27648, 27692, 27860, 27899	148	222	296	370
Leg/Ankle Joint, Osteotomy	27705-27712	374	561	748	935
Leg/Ankle Joint, Repair of	27656-27676, 27722-27727	403	605	806	1,008
Lesions on Hand/Fingers, Excision of	26020, 26115-26116, 26160-26180, 26200-26236, 26390, 26415, 26596	246	369	492	615
Lipectomy	15831-15839, 15876-15879	346	519	692	865
Lips, Surgery of the (Complex)	40527	326	489	652	815
Lips, Surgery of the (Moderate Complexity)	40500-40525, 40530-40654	199	299	398	498
Lips, Surgery of the (Simple)	40490, 40799	49	74	98	123
Lithotripsy	50590	340	510	680	850
Liver - Transplant (Donor)	47133-47134	975	1,463	1,950	2,438
Liver - Transplant, Surgery of the (Highly Complex)	47135-47136	1,000	1,500	2,000	2,500
Liver, Surgery of the (Complex)	47120, 47350-47360, S2210	771	1,157	1,542	1,928
Liver, Surgery of the (Highly Complex)	47122-47130, 47361	1,000	1,500	2,000	2,500
Liver, Surgery of the (Moderate Complexity)	47010-47100, 47300, 47362	338	507	676	845
Liver, Surgery of the (Simple)	47000-47001, 47399	168	252	336	420
Liver, Laparoscopy	47370-47379	281	422	562	703
Lung Transplant	32851-32854	1,000	1,500	2,000	2,500
Lung Transplant (Donor)	32850	528	792	1,056	1,320
Lungs/Pleura, Surgery of the (Complex)	32100-32200, 32215-32310, 32320, 32440-32445, 32480, 32482-32484, 32485, 32486-32488, 32491-32500, 32520-32525, 32540, 32800-32810, 32815-32820, 32900-32905, 32940, G0061	597	896	1,194	1,493
Lungs/Pleura, Surgery of the (Highly Complex)	32906	737	1,106	1,474	1,843
Lungs/Pleura, Surgery of the (Moderate Complexity)	32000-32005, 32095, 32201, 32402, 32501	81	122	162	203
Lungs/Pleura, Surgery of the (Simple)	32400, 32405-32420, 32960-32999	71	107	142	178

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Lungs/Pleura, Diagnostic Endoscopy	32601-32606	177	266	354	443
Lungs/Pleura, Surgical Endoscopy	32650-32665	395	593	790	988
Lymph Nodes and Lymphatic Channels, Surgery of the (Complex)	38381, 38555	416	624	832	1,040
Lymph Nodes and Lymphatic Channels, Surgery of the (Moderate Complexity)	38305-38380, 38382, 38510-38550, 38794	201	302	402	503
Lymph Nodes and Lymphatic Channels, Surgery of the (Simple)	38300, 38500-38505, 38790, 38792, 38999	113	170	226	283
Lymphadenectomy	38562-38564, 38700-38745, 38760-38780	399	599	798	998
Lymphadenectomy (Additional Procedure)	38746-38747	119	179	238	298
Lymphadenectomy, Laparoscopic	38571-38572, 56312-56313	366	549	732	915
Major Vessel Shunt	33750-33767, 33922	623	935	1,246	1,558
Male Genital, Surgery of the (Complex)	54111-54112, 54125-54130, 54304, 54360-54401, 54405-54420, 54650, 54680, 54900-54901, 55650	371	557	742	928
Male Genital, Surgery of the (Highly Complex)	54135	710	1,065	1,420	1,775
Male Genital, Surgery of the (Moderate Complexity)	54115-54120, 54205, 54300, 54402, 54430-54435, 54510, 54550-54640, 54660-54670, 54820-54861, 55040-55060, 55110-55200, 55300-55540, 55600-55605, 55680	182	273	364	455
Male Genital, Surgery of the (Simple)	54000-54001, 54015, 54050-54105, 54110, 54200, 54220-54250, 54440-54505, 54700-54800, 55000, 55100, 55870-55980	73	110	146	183
Malignant Lesions, Excision of	11600-11646	91	137	182	228
Mastectomy	19140-19240	348	522	696	870
Mediastinum, Surgery of the (Complex)	39010-39220	411	617	822	1,028
Mediastinum, Surgery of the (Moderate Complexity)	39000	237	356	474	593
Middle Ear, Surgery of the (Complex)	69501-69502, 69505-69530, 69550-69552, 69601-69605, 69650-69670, 69720, 69740-69745	401	602	802	1,003
Middle Ear, Surgery of the (Highly Complex)	69535, 69554, 69725	927	1,391	1,854	2,318
Middle Ear, Surgery of the (Moderate Complexity)	69440-69450, 69620, 69676-69711	228	342	456	570
Middle Ear, Surgery of the (Simple)	69400-69424, 69540, 69610, 69799	86	129	172	215
Miscellaneous Cardiac Procedure	93503-93505, 93536, 93561-93572	86	129	172	215
MOHS' Micrographic Surgery	17304-17310	260	390	520	650

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Mouth Lesion, Incision & Drainage	41000-41009, 41015-41018	116	174	232	290
Musculoskeletal System, Surgery of the (Complex)	20150, 21935	553	830	1,106	1,383
Musculoskeletal System, Surgery of the (Highly Complex)	20955-20973	1,000	1,500	2,000	2,500
Musculoskeletal System, Surgery of the (Moderate Complexity)	20100, 20102-20103, 20245-20251, 20525, 20661-20664, 20680-20694, 20975, 21925-21930, 22900	164	246	328	410
Musculoskeletal System, Surgery of the (Simple)	20000-20005, 20101, 20200-20240, 20500-20520, 20550, 20615-20660, 20665-20670, 20950, 20974, 20979, 20999, 21920, 22999	35	53	70	88
Nails, Incision, Excision of	11700-11765, G0127	42	63	84	105
Neck or Thorax – Closed Treatment, Fracture and/or Dislocation of	21800, 21820	56	84	112	140
Neck or Thorax - Open Treatment, Fracture and/or Dislocation of	21805, 21825	303	455	606	758
Neck/Thorax, Surgery of the (Complex)	21610-21616, 21630-21632, 21740	451	677	902	1,128
Neck/Thorax, Surgery of the (Moderate Complexity)	21501-21510, 21555-21600, 21620-21627, 21700-21725, 21750	191	287	382	478
Neck/Thorax, Surgery of the (Simple)	21550, 21899	75	113	150	188
Nephrectomy	50220-50240	555	833	1,110	1,388
Nephrostomy/Nephrolithotomy/Nephrostolithotomy	50040-50081	518	777	1,036	1,295
Nerve Graft	64885-64898	495	743	990	1,238
Nerve Graft (Additional Procedures)	64901-64902	302	453	604	755
Nervous System, Surgery of the (Complex)	64755, 64786, 64790-64792, 64804-64818, 64866-64870, 64905-64907	369	554	738	923
Nervous System, Surgery of the (Moderate Complexity)	64732-64752, 64760-64784, 64787-64788, 64802, 64820	200	300	400	500
Nervous System, Surgery of the (Simple)	64795, 64830	87	131	174	218
Neuroplasty	64702-64719, 64722-64727	192	288	384	480
Neurorrhaphy	64831, 64834-64858, 64861-64865	328	492	656	820
Neurorrhaphy (Additional Procedure)	64832, 64859, 64872-64874	158	237	316	395
Neurostimulators (Complex)	61850-61860, 61870-61875, 63655	323	485	646	808
Neurostimulators (Highly Complex)	61862, 61865	591	887	1,182	1,478
Neurostimulators (Moderate Complexity)	61880-61888, 63650, 63660-63688, 64573-64580	188	282	376	470
Neurostimulators (Simple)	63690-63691, 64550-64565, 64585-64595	14	21	28	35

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Nose/Nasal Passages, Surgery of the (Complex)	30160, 30545, 30920	319	479	638	798
Nose/Nasal Passages, Surgery of the (Highly Complex)	31225-31230	608	912	1,216	1,520
Nose/Nasal Passages, Surgery of the (Moderate Complexity)	30115-30120, 30125, 30140-30150, 30320, 30540, 30580-30600, 30630, 30915, 31200-31205	162	243	324	405
Nose/Nasal Passages, Surgery of the (Simple)	30000-30110, 30124, 30130, 30200-30310, 30560, 30801-30906, 30930-31002, 31299	62	93	124	155
Nose/Nasal Passages, Diagnostic Endoscopy	31231-31235	55	83	110	138
Nose/Nasal Passages, Surgical Endoscopy	31237-31294	150	225	300	375
Ocular Adnexa, Surgery of the (Complex)	67414, 67550, 67570, 67971-67974	424	636	848	1,060
Ocular Adnexa, Surgery of the (Moderate Complexity)	67343, 67560, 67808, 67880-67882, 67909, 67935, 67950-67966, 67975	260	390	520	650
Ocular Adnexa, Surgery of the (Simple)	67345, 67399, 67415, 67500-67515, 67599-67805, 67810, 67840-67875, 67930, 67938, 67999	104	156	208	260
Ocular Adnexa, Repair of	67820-67835, 67900-67908, 67911-67924	160	240	320	400
Ocular Implant	65125-65175	290	435	580	725
Oophorectomy	58940-58943	242	363	484	605
Orbitotomy	67400-67413, 67420-67450	460	690	920	1,150
Orchiectomy	54520-54535, 54690, 56318	208	312	416	520
Other Biliary Tract, Laparoscopy	47560-47561, 47570-47579	121	182	242	303
Other Bodily Systems, Diagnostic Endoscopy	39400, 43259	176	264	352	440
Other Flaps and Grafts	15740-15770	589	884	1,178	1,473
Other Lymphatic System, Laparoscopy	38570, 38589	246	369	492	615
Other Prostate Surgery	52647-52648, 55859-55865, G0160	390	585	780	975
Other Testis, Laparoscopy	54692-54699	327	491	654	818
Other Uterus, Laparoscopy/Hysteroscopy	58551-58579	156	234	312	390
Oviduct/Ovary, Laparoscopy	58660-58679	249	374	498	623
Pacemaker Insertion, Permanent	33200-33208	248	372	496	620
Palate/Uvula, Surgery of the (Moderate Complexity)	42107-42120, 42145, 42226-42227	269	404	538	673
Palate/Uvula, Surgery of the (Simple)	42000-42106, 42140, 42160, 42280-42299	73	110	146	183
Palate/Uvula, Repair of	42180-42182, 42235-42260	181	272	362	453
Pancreas, Surgery of the (Complex)	48000-48020, 48120, 48148, 48180, 48500-48510, 48520-48547	661	992	1,322	1,653
Pancreas, Surgery of the (Moderate Complexity)	48100-48102, 48511	226	339	452	565
Pancreas, Surgery of the (Simple)	48400, 48999	46	69	92	115

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Pancreas Transplant	48160, 48554-48556	432	648	864	1,080
Pancreas Transplant (Donor)	48550	904	1,356	1,808	2,260
Pancreatectomy	48140-48146, 48150-48155	862	1,293	1,724	2,155
Parathyroid, Thymus, Adrenal Glands, and Carotid Body, Surgery of the (Complex)	60500-60505, 60520-60605	458	687	916	1,145
Parathyroid, Thymus, Adrenal Glands, and Carotid Body, Surgery of the (Moderate Complexity)	60512	110	165	220	275
Paring or Curettment	11050-11057	19	29	38	48
Pelvis, Surgery of the (Complex)	27170, 27176-27181, 27187	439	659	878	1,098
Pelvis, Surgery of the (Moderate Complexity)	27175, 27185	342	513	684	855
Pelvis or Hip Joint - Percutaneous Skeletal Fixation, Fracture and/or Dislocation of	27216, 27235	432	648	864	1,080
Pelvis or Hip Joint, Osteotomy	27140-27165	589	884	1,178	1,473
Pelvis or Hip, Amputation of	27290-27295	660	990	1,320	1,650
Pelvis/Hip Joint, Surgery of the (Complex)	26992, 27035-27036, 27049, 27054, 27067, 27071-27075, 27078-27079, 27090, 27100, 27110-27125	528	792	1,056	1,320
Pelvis/Hip Joint, Surgery of the (Highly Complex)	27076-27077, 27091	691	1,037	1,382	1,728
Pelvis/Hip Joint, Surgery of the (Moderate Complexity)	26990-26991, 27000-27025, 27041-27048, 27060-27066, 27070, 27080, 27087, 27097-27098, 27105	331	497	662	828
Pelvis/Hip Joint, Surgery of the (Simple)	27040, 27086, 27093-27096, 27275, 27299	227	341	454	568
Percutaneous Transluminal Balloon Angioplasty	92982	269	404	538	673
Percutaneous Transluminal Balloon Angioplasty (Additional Procedure)	92984	73	110	146	183
Peritoneum and Omentum, Surgery of the (Complex)	49010-49020, 49062, 49200-49213, 49425	461	692	922	1,153
Pharynx, Adenoids, and Tonsils, Surgery of the (Complex)	42844, 42890-42892	437	656	874	1,093
Pharynx, Adenoids, and Tonsils, Surgery of the (Highly Complex)	42845, 42894	716	1,074	1,432	1,790
Pharynx, Adenoids, and Tonsils, Surgery of the (Moderate Complexity)	42720-42725, 42810-42815, 42842, 42870-42880, 42900-42955	214	321	428	535
Pharynx, Adenoids, and Tonsils, Surgery of the (Simple)	42700, 42800-42809, 42860, 42999	87	131	174	218
Portal Decompression Procedures	37140-37181	587	881	1,174	1,468

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Posterior Segment of the Eye, Surgery of the (Complex)	67121	393	590	786	983
Posterior Segment of the Eye, Surgery of the (Moderate Complexity)	67115-67120, 67141-67145, 67250-67255	202	303	404	505
Pressure Ulcers	15920-15999	468	702	936	1,170
Proctectomy	45110-45112, 45114-45116, 45120-45126	696	1,044	1,392	1,740
Prostate Abscess, Drainage of	52700, 55720-55725	228	342	456	570
Prostatectomy	55801-55845	725	1,088	1,450	1,813
Pyelotomy/Pyelostomy/Pyelolithotomy	50120-50135	473	710	946	1,183
Rectum, Surgery of the (Complex)	45130-45135, 45160, 45540-45550, 45562, 45800, 45820-45825	435	653	870	1,088
Rectum, Surgery of the (Highly Complex)	45113, 45119	769	1,154	1,538	1,923
Rectum, Surgery of the (Moderate Complexity)	45000, 45020-45108, 45150, 45170-45190, 45500-45505, 45560	227	341	454	568
Rectum, Surgery of the (Simple)	45005, 45520, 45900-45999	212	318	424	530
Renal Transplantation	50340-50380	820	1,230	1,640	2,050
Renal Transplantation (Donor)	50300-50320	583	875	1,166	1,458
Renal, Laparoscopy	50541-50549	491	737	982	1,228
Repair/Closure of Wounds – Complex	13100-13300	166	249	332	415
Repair/Closure of Wounds – Intermediate	12031-12057	91	137	182	228
Repair/Closure of Wounds – Simple	12001-12021	69	104	138	173
Replantation Of Limbs and Appendages	20802-20840	1,000	1,500	2,000	2,500
Retina, Repair of	67101-67112	528	792	1,056	1,320
Rhinoplasty	30400-30462	464	696	928	1,160
Rhytidectomy	15824-15829	705	1,058	1,410	1,763
Salivary Glands & Ducts, Surgery of the (Complex)	42415-42425, 42509	536	804	1,072	1,340
Salivary Glands & Ducts, Surgery of the (Highly Complex)	42426	638	957	1,276	1,595
Salivary Glands & Ducts, Surgery of the (Moderate Complexity)	42305, 42326, 42335-42340, 42408-42410, 42440-42508, 42510, 42600	210	315	420	525
Septal and Intranasal Dermatoplasty	30620	219	329	438	548
Septal Defect, Repair of	33641-33698	753	1,130	1,506	1,883
Septoplasty	30520	201	302	402	503
Shaving of Epidermal or Dermal Lesions	11300-11313	33	50	66	83
Shoulder – Closed Treatment, Fracture and/or Dislocation of	23500-23505, 23520-23525, 23540-23545, 23570-23575, 23600-23605, 23620-23625, 23650-23655, 23665, 23675	130	195	260	325
Shoulder – Open Treatment, Fracture and/or Dislocation of	23515, 23530-23532, 23550-23552, 23585, 23615-23616, 23630, 23660, 23670, 23680	320	480	640	800

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Shoulder, Surgery of the (Complex)	23077, 23155, 23184, 23195-23221, 23332, 23395-23400, 23406-23412, 23420, 23450-23466, 23485-23491	486	729	972	1,215
Shoulder, Surgery of the (Highly Complex)	23222	799	1,199	1,598	1,998
Shoulder, Surgery of the (Moderate Complexity)	23000-23030, 23035, 23076, 23105-23106, 23120-23150, 23156-23182, 23190, 23331, 23405, 23415, 23430-23440, 23480	314	471	628	785
Shoulder, Surgery of the (Simple)	23031, 23065-23075, 23330, 23350, 23929	138	207	276	345
Shoulder, Amputation of	23900-23921	642	963	1,284	1,605
Shoulder, Manipulation of the	23700	106	159	212	265
Sinusotomy (Complex)	31075-31090	325	488	650	813
Sinusotomy (Moderate Complexity)	31020-31070	196	294	392	490
Skin, Incision & Drainage	10060-10180	50	75	100	125
Skin, Subcutaneous, etc., Surgery of the (Complex)	15840, 15845	396	594	792	990
Skin, Subcutaneous, etc., Surgery of the (Highly Complex)	15841-15842	838	1,257	1,676	2,095
Skin, Subcutaneous, etc., Surgery of the (Moderate Complexity)	11771-11772, 15780-15781, 15783, 15810-15819	213	320	426	533
Skin, Subcutaneous, etc., Surgery of the (Simple)	11770, 15782, 15786-15787, 15850-15860, 17360-17999	51	77	102	128
Skull Fracture and/or Dislocation - Closed Treatment	21300-21320, 21337, 21345, 21400-21401, 21421, 21431, 21440, 21450-21451, 21453, 21480-21485, 21493-21494	117	176	234	293
Skull Fracture and/or Dislocation - Open Treatment	21325-21336, 21338-21339, 21343-21344, 21346-21348, 21356-21395, 21406-21408, 21422-21423, 21432-21436, 21445-21454-21470, 21490, 21495-21497, 66225	317	476	634	793
Skull Fracture and/or Dislocation - Other	21340, 21355, 21452, 21499	196	294	392	490
Skull, Meninges, and Brain, Surgery of the (Complex)	61108, 61140-61150, 61154-61156, 61250-61253, 61618-61626, 62005, 62115, 62142-62143, 62180, 62200-62201, 62230, 62258	418	627	836	1,045
Skull, Meninges, and Brain, Surgery of the (Highly Complex)	61580-61608, 61610, 61612-61616, 62010-62100, 62116-62117, 62121	850	1,275	1,700	2,125
Skull, Meninges, and Brain, Surgery of the (Moderate Complexity)	61105-61107, 61120-61130, 61151, 61210-61215, 61609, 61611, 62000, 62194, 62225, 62256	192	288	384	480

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Skull, Meninges, and Brain, Surgery of the (Simple)	61000-61070	85	128	170	213
Skull/Face/Jaw, Surgery of the (Complex)	21010, 21034, 21044-21060, 21076, 21085, 21123, 21127, 21138-21143, 21145-21147, 21193-21208, 21210-21230, 21240-21246, 21248, 21255-21260, 21267, 21270-21275	411	617	822	1,028
Skull/Face/Jaw, Surgery of the (Highly Complex)	21077-21084, 21086-21087, 21144, 21150-21180, 21182-21188, 21247, 21249, 21261-21263, 21268	768	1,152	1,536	1,920
Skull/Face/Jaw, Surgery of the (Moderate Complexity)	21015-21032, 21041, 21070, 21088, 21110, 21120-21122, 21125, 21137, 21181, 21209, 21235, 21280-21282, 21296	219	329	438	548
Skull/Face/Jaw, Surgery of the (Simple)	21040, 21089-21100, 21116, 21295, 21299	132	198	264	330
Spermatic Cord, Laparoscopy	55550-55559	89	134	178	223
Sphincteroplasty	46750-46751, 46760-46762	289	434	578	723
Spinal Arthrodesis	22548-22558, 22590-22612, 22630	654	981	1,308	1,635
Spinal Arthrodesis (Additional Procedure)	22585, 22614, 22632	182	273	364	455
Spinal Catheter Implantation	62350-62355	191	287	382	478
Spinal Herniation/Leakage, Repair of	63700-63709	433	650	866	1,083
Spinal Instrumentation	22840-22855	392	588	784	980
Spinal Puncture for Purpose of Injection, etc..	62263-62319	101	152	202	253
Spinal Reservoir/Pump Implantation	62360-62368	40	60	80	100
Spine - Closed Treatment, Fracture and/or Dislocation of (Vertical Column)	22305-22315	131	197	262	328
Spine - Open Treatment, Fracture and/or Dislocation of (Vertical Column)	22318-22328	624	936	1,248	1,560
Spine & Spinal Cord, Surgery of the (Complex)	63710-63741, 63750	296	444	592	740
Spine & Spinal Cord, Surgery of the (Highly Complex)	63055-63056, 63064, 63075, 63077, S2350, S2351	618	927	1,236	1,545
Spine & Spinal Cord, Surgery of the (Moderate Complexity)	63057, 63066, 63076, 63078, 63744-63746, 63780	194	291	388	485
Spine, Surgery of the (Complex)	22110-22114, 22145, 22150-22151, 22212-22214, 22222-22224	631	947	1,262	1,578
Spine, Surgery of the (Highly Complex)	22140-22142, 22152-22210, 22220	677	1,016	1,354	1,693
Spine, Surgery of the (Moderate Complexity)	22100-22102, 22105-22107, 22148, 22216, 22226-22230	336	504	672	840
Spine, Surgery of the (Simple)	22103, 22116, 22899	66	99	132	165

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Spine Requiring Anesthesia, Manipulation of the	22505	112	168	224	280
Spleen, Surgery of the (Complex)	38100-38101, 38115	378	567	756	945
Spleen, Surgery of the (Moderate Complexity)	38102	117	176	234	293
Spleen, Surgery of the (Simple)	38200	62	93	124	155
Spleen, Laparoscopy	38120-38129	439	659	878	1,098
Splints, Application of	29105-29131, 29505-29515	26	39	52	65
Stamey, Raz Procedure	51845	288	432	576	720
Stereotaxis	61720-61795, 63600-63615	525	788	1,050	1,313
Stomach, Surgery of the (Complex)	43501-43502, 43610-43611, 43638, 43640-43641, 43810-43825, 43832, 43842-43843, 43850-43865, 43880	479	719	958	1,198
Stomach, Surgery of the (Moderate Complexity)	43500, 43510-43520, 43605, 43750, 43800, 43830-43831, 43870	226	339	452	565
Stomach, Surgery of the (Simple)	43600, 43635, 43760-43761, 43999	44	66	88	110
Stomach, Laparoscopy	43651-43659	240	360	480	600
Strabismus Surgery	67311-67334, 67340	240	360	480	600
Strabismus Surgery (Additional Procedure)	67335	63	95	126	158
Strapping, Application of	29200-29280, 29520-29590, 29799	17	26	34	43
Stress Incontinence, Laparoscopy	51990-51992	341	512	682	853
Surgical Use of Operating Microscope	69990	98	147	196	245
Therapeutic Cystoscopy	52214-52340	243	365	486	608
Therapeutic Invasive Cardiovascular	92986-92995, 92997	350	525	700	875
Therapeutic Invasive Cardiovascular (Additional Procedure)	92996, 92998	110	165	220	275
Therapeutic Sigmoidoscopy	45307-45321, 45332-45339	97	146	194	243
Thigh or Knee Joint - Closed Treatment, Fracture and/or Dislocation of	27500-27503, 27508, 27510, 27516-27517, 27520, 27530-27532, 27538, 27550-27552, 27560-27562	222	333	444	555
Thigh or Knee Joint - Open Treatment, Fracture and/or Dislocation of	27506-27507, 27511-27514, 27519, 27524, 27535-27536, 27540, 27556-27558, 27566	485	728	970	1,213
Thigh or Knee Joint - Percutaneous Skeletal Fixation Of Femoral Fracture, Fracture and/or Dislocation of	27509	304	456	608	760
Thigh or Knee Joint, Amputation of	27590-27598	415	623	830	1,038
Thigh, Osteotomy	27448-27468	463	695	926	1,158
Thigh/Knee Joint, Surgery of the (Complex)	27329, 27334-27335, 27357, 27360-27365, 27381, 27386, 27395, 27397, 27405-27424, 27430, 27470, 27477-27479, 27488-27495, S9085	409	614	818	1,023
Thigh/Knee Joint, Surgery of the (Highly Complex)	27472	620	930	1,240	1,550

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Thigh/Knee Joint, Surgery of the (Moderate Complexity)	27301-27307, 27315-27320, 27324-27328, 27332-27333, 27340-27356, 27358, 27372- 27380, 27385, 27390-27394, 27396, 27400-27403, 27425, 27435, 27475, 27485, 27496-27499	251	377	502	628
Thigh/Knee Joint, Surgery of the (Simple)	27323, 27370, 27570, 27599	132	198	264	330
Thoracostomy	32020-32036	99	149	198	248
Thromboendarterectomy	35301-35381	488	732	976	1,220
Thromboendarterectomy (Reoperation)	35390	78	117	156	195
Thyroid, Surgery of the (Complex)	60210-60225	344	516	688	860
Thyroid, Surgery of the (Moderate Complexity)	60200, 60280-60281	210	315	420	525
Thyroid, Surgery of the (Simple)	60000-60100	66	99	132	165
Thyroidectomy	60240-60271	475	713	950	1,188
Tongue and Floor of Mouth, Surgery of the (Highly Complex)	41135-41155	760	1,140	1,520	1,900
Tongue and Floor of Mouth, Surgery of the (Moderate Complexity)	41113-41114, 41120, 41500- 41520	194	291	388	485
Tongue and Floor of Mouth, Surgery of the (Simple)	41010, 41100-41112, 41115- 41116, 41250-41252, 41599	83	125	166	208
Tonsillectomy	42820-42826	134	201	268	335
Trachea/Bronchi, Surgery of the (Complex)	31750-31760, 31770, 31780, 31785-31786, 31805	564	846	1,128	1,410
Trachea/Bronchi, Surgery of the (Highly Complex)	31766, 31775, 31781	690	1,035	1,380	1,725
Trachea/Bronchi, Surgery of the (Moderate Complexity)	31611, 31800	271	407	542	678
Trachea/Bronchi, Surgery of the (Simple)	31612, 31700-31730, 31899	60	90	120	150
Trachea/Bronchi, Diagnostic Endoscopy	31622, 31656	110	165	220	275
Trachea/Bronchi, Surgical Endoscopy	31623-31646	109	164	218	273
Tracheostoma	31613-31614	275	413	550	688
Tracheostomy	31600-31610, 31615, 31820- 31830	173	260	346	433
Transcatheter Therapy and Biopsy	37195-37209	247	371	494	618
Transection of Fallopian Tubes	58600-58605	146	219	292	365
Transluminal Angioplasty - Open	35450-35460	189	284	378	473
Transluminal Angioplasty - Percutaneous	35470-35476	181	272	362	453
Transluminal Atherectomy - Open	35480-35485	207	311	414	518
Transluminal Atherectomy - Percutaneous	35490-35495	258	387	516	645
Treatment of Spinal Deformity	22800-22830	841	1,262	1,682	2,103
Tympanoplasty	69631-69646	396	594	792	990
Tympanostomy	69433-69436	69	104	138	173

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Ulcer Surgery	43840	400	600	800	1,000
Upper Arm/Elbow - Closed Treatment, Fracture and/or Dislocation of	24500-24505, 24530-24535, 24560-24565, 24576-24577, 24600-24605, 24620, 24640-24655, 24670-24675	130	195	260	325
Upper Arm/Elbow - Open Treatment, Fracture and/or Dislocation of	24515-24516, 24545-24546, 24575, 24579, 24586-24587, 24615, 24635, 24665-24666, 24685	387	581	774	968
Upper Arm/Elbow - Percutaneous Skeletal Fixation Of Humeral Fracture, Fracture and/or Dislocation of	24538, 24566, 24582	353	530	706	883
Upper Arm/Elbow, Surgery of the (Complex)	24077, 24116, 24134, 24149-24151, 24153-24155, 24320-24331, 24342, 24400-24435, 24498	405	608	810	1,013
Upper Arm/Elbow, Surgery of the (Moderate Complexity)	23935, 24066-24076, 24102-24115, 24120-24130, 24136-24147, 24152, 24160-24164, 24201, 24301-24310, 24340-24341, 24350-24356, 24470-24495	228	342	456	570
Upper Arm/Elbow, Surgery of the (Simple)	23930-23931, 24065, 24200, 24220, 24999	152	228	304	380
Ureter, Surgery of the (Complex)	50600-50660, 50700-50725, 50728-50810, 50840-50940	501	752	1,002	1,253
Ureter, Surgery of the (Highly Complex)	50815-50830	709	1,064	1,418	1,773
Ureter, Surgery of the (Moderate Complexity)	50727	254	381	508	635
Ureter, Surgery of the (Simple)	50684-50690	230	345	460	575
Ureter, Diagnostic Endoscopy	50951-50955, 50970-50974	312	468	624	780
Ureter, Surgical Endoscopy	50957-50961, 50976-50980	448	672	896	1,120
Ureterolithotomy, Laparoscopy	50945	411	617	822	1,028
Urethra, Surgery of the (Complex)	52601, 53210-53215, 53400-53440, 53443-53447	367	551	734	918
Urethra, Surgery of the (Highly Complex)	53448	580	870	1,160	1,450
Urethra, Surgery of the (Simple)	53000, 53020-53025, 53060, 53200, 53260-53270, 53670-53675, 53899	44	66	88	110
Urethra, Dilation of	53600-53665	36	54	72	90
Urethrorrhaphy	53502-53515	269	404	538	673
Varicose Vein Excision	37700-37785	198	297	396	495
Vasectomy	55250	220	330	440	550
Vein Bypass Graft	35582-35587	692	1,038	1,384	1,730
Vertebral Body, Removal Of (Highly Complex)	63081, 63085, 63087, 63090, 63300-63307	800	1,200	1,600	2,000
Vertebral Body, Removal Of (Moderate Complexity)	63082, 63086, 63088, 63091, 63308	114	171	228	285

SCHEDULE OF SURGICAL INDEMNITY BENEFITS (Continued)

Surgical Procedure	CPT Codes	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500
Vestibule of Mouth, Surgery of the (Moderate Complexity)	40814-40816	133	200	266	333
Vestibule of Mouth, Surgery of the (Simple)	40800-40812, 40818-40831, 40899	76	114	152	190
Vestibuloplasty	40840-40845	436	654	872	1,090
Vitrectomy	67036-67040	574	861	1,148	1,435
Vitreous, Surgery of the (Moderate Complexity)	67005-67025, 67028-67031	264	396	528	660
Vitreous, General Surgery of the	67027	441	662	882	1,103
Vulvectomy	56620-56640	271	407	542	678

SPECIMEN

SECTION 5 EXCLUSIONS AND LIMITATIONS

With respect to all of the benefits provided under this Certificate, no benefits will be payable as the result of:

1. suicide or any attempt thereof, while sane or insane;
2. any intentionally self-inflicted Injury or Sickness;
3. rest care or rehabilitative care and treatment;
4. immunization shots and routine examinations such as: physical examinations, mammograms, pap smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests and blood screenings[, unless the Wellness Benefit is shown on the Schedule];
5. routine newborn care, including routine nursery charges;
6. the treatment of:
 - a. mental illness;
 - b. functional or organic nervous disorder, regardless of cause;
 - c. alcohol abuse;
 - d. drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed. In such circumstances, and with respect to payment of the Daily In-Hospital Indemnity Benefit, benefits will be limited to no more than 10 days in any Calendar Year;
7. participation in a riot, civil commotion, civil disobedience, or unlawful assembly;
8. committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation;
9. participation in:
 - a. an organized contest of speed;
 - b. parachuting;
 - c. parasailing;
 - d. bungee jumping; or
 - e. hang gliding;
10. air travel, except:
 - a. as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
 - b. as a passenger for transportation only and not as a pilot or crew member;
11. any Accident caused by the participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a Physician or taken according to the Physician's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the Accident occurred);
12. any procedure or treatment to change physical characteristics to those of the opposite sex and other treatment related to sex change;
13. the reversal of tubal ligation and vasectomies;
14. artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or Physician's services, unless required by law;
15. any loss incurred while on active duty status in the armed forces (if You notify Us of such active duty, We will refund any premiums paid for any period for which no coverage is provided as a result of this exception);
16. Accident or Sickness arising out of and in the course of any occupation for compensation, wage or profit OR expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits has been made;
17. Pre-Existing Conditions during the first 12 months after the Effective Date;
18. air or ground ambulance transportation[, unless the Ambulance Benefit is shown on the Schedule];
19. routine eye examinations or fitting of eye glasses;
20. hearing aids or fitting of hearing aids;
21. dental examinations or dental care other than expenses resulting from an Accident;
22. care or treatment of an Accident or Sickness not specifically provided for in this plan;
23. with respect to the Off-the-Job Accidental Injury Benefit only, charges that the Covered Person is not legally required to pay, or charges which would not have been made if this coverage had not existed; or
24. treatment of an Accident or Sickness made necessary by or arising from war, declared or undeclared, or any act of war.

SECTION 6 TERMINATION OF INSURANCE

The insurance on the Insured will cease on the earliest of:

1. the last day of the payroll deduction period during which You cease to be eligible for coverage;
2. the end of the last period for which premium payment has been made to Us;
3. the date the Group [Participant's participation under the Group] Master Policy terminates; or
4. the last day of the payroll deduction period during which You terminate employment.

The insurance on a Dependent will cease on the earliest of:

1. the date Your coverage terminates;
2. the end of the last period for which premium payment has been made to Us ;
3. the date the Dependent no longer meets the definition of Dependent; or
4. the date the Group Master Policy or Participation Agreement is modified so as to exclude Dependent coverage.

We will have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the Policy.

EXTENSION OF BENEFITS: Whenever termination of coverage under this section occurs because of termination of Your employment, such termination will be without prejudice to:

1. any Hospital Confinement which commenced while coverage was in force, with respect to Daily In-Hospital Indemnity Benefits; or,
2. any covered treatment or service for which benefits would be provided and which commenced while coverage was in force;

provided however, that the Covered Person is and continues to be Hospital Confined or Disabled.

Such Extension of Benefits will continue for up to the earlier of:

1. 30 days; or
2. the date on which the Covered Person is no longer Disabled.

SECTION 7 PREMIUMS

All premiums are payable on or before the date they are due. You must pay any required contribution to the Group [Participant] [Master Policyholder].

We have the right to change the premium rates on any premium due date in accordance with the terms of the Group Master Policy. If the rates are changed, We will give at least [31] days advance written notice to the Group [Participant] [Master Policyholder]. If an increase takes place on other than a premium due date, a pro rata premium for the increase will be due on the next premium due date. The pro rata premium will be for the period from the date of the increase to the next premium due date. If such premium is not paid when due, the coverage will automatically be terminated as of the date the pro rata premium was due. Any partial payment of premium will be refunded.

If the premiums increase because a change in benefits increases Our liability, premium rates may be changed on the date that Our liability is increased, without regard to any premium rate guarantee.

SECTION 8 GENERAL PROVISIONS

ENTIRE CONTRACT: The entire contract will include:

1. the Policy;
2. the Participation Agreement of the Group [Participant] [Master Policyholder];
3. Your Application(s);
4. this Certificate; and
5. all amendments, endorsements and riders.

Statements made by the Group [Participant] [Master Policyholder] or You are representations and not warranties. No such statements will be used to void the insurance, reduce benefits, or defend a claim under the Policy unless:

1. the statement is in writing; and,
2. a copy of that statement is given to You or Your beneficiary.

The terms of the Group Master Policy or this Certificate can be changed only by endorsement or amendment signed by Our President or a Vice President together with Our Secretary or an Assistant Secretary. No agent may change the Group Master Policy or this Certificate or waive its provisions.

TIME LIMIT ON CERTAIN DEFENSES: The validity of a Covered Person's coverage under this Certificate cannot be contested after two years from its date of issue, except for non-payment of premiums. Except for fraud, after coverage for a Covered Person has been in force for two years, We cannot:

1. void the coverage; or
2. deny a claim for loss that starts after the two-year period, because of statements in the Application or Enrollment Form.

GRACE PERIOD: A Grace Period of [31] days will be allowed for each premium due after the first premium. Coverage will stay in force during this time. The coverage will terminate at the end of the Grace Period if the premium has not been paid. The Insured must still pay all unpaid premium. This includes all premiums due for the Grace Period.

If coverage is cancelled on a premium due date and the premium has been paid through that date, the Grace Period will not apply. If coverage is cancelled during the Grace Period, the Insured will be liable for any unpaid premium including the pro rata premium for that part of the Grace Period coverage was in force. Benefits may be reduced by the amount of any due, but unpaid premiums.

NOTICE OF CLAIM: Written notice of claim must be given to Us at Our Administrative Office. Such notice should be made within 30 days after any loss covered by this Certificate. If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay.

CLAIM FORMS: When We receive notice of claim, We will send the claim forms to the Insured. If these forms are not provided within 15 working days, the Insured will meet the Proof Of Loss requirements by giving Us a written statement of the nature and extent of the loss, within the time limit stated in the Proof Of Loss section.

PROOF OF LOSS: Satisfactory written Proof Of Loss must be given to Us at Our administrative office. In case of a claim for loss for which a periodic payment is provided contingent upon continuing loss, such satisfactory written Proof Of Loss must be sent within 90 days after the termination of the period for which We are liable. For any other loss, proof must be sent within 90 days after the date of such loss. Satisfactory written Proof of Loss includes, but is not limited to: itemized Physician or Hospital Bills and, with regard to Critical Illness benefits, the initial pathology report diagnosing a Critical Illness.

If it was not reasonably possible to give satisfactory written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the satisfactory written Proof Of Loss must be submitted no later than one (1) year from the time specified unless the claimant was legally incapacitated.

TIME OF PAYMENT OF CLAIMS: Benefits for a covered loss will be paid after We receive satisfactory written Proof Of Loss.

PAYMENT OF BENEFITS: Health indemnity benefits may be assigned to the provider(s) of such benefits. Otherwise, all benefits payable under the Policy will be paid to You. Accrued benefits that are not paid at Your death will be paid to Your estate. We may pay up to \$1,000.00 of such benefit to one of Your relatives at Our discretion. Such payment fully discharges Us to the extent of the payment.

PHYSICAL EXAMINATIONS AND AUTOPSY: We have the right to have a Covered Person examined by a Physician of Our choice as often as reasonably necessary while a claim is pending. We will pay for such examination. In case of death, We may request an autopsy where it is not forbidden by law.

LEGAL ACTIONS: No legal action may be brought to recover on this Certificate within 60 days after satisfactory written Proof Of Loss has been given as required by this Certificate. No such action may be brought after 3 years from the time acceptable written Proof Of Loss is required to be given.

CONFORMITY WITH STATE STATUTES: Any provision of the Group Master Policy or this Certificate which, on its Effective Date, is in conflict with the laws of the state in which the Group Master Policy was issued is amended to conform to the requirements of such laws.

MISSTATEMENT OF AGE: If the age of any Covered Person has been misstated, We may, at Our discretion:

1. adjust the premium; or
2. adjust the benefit paid;

based on such Covered Person's true age.

CERTIFICATE: This Certificate describes:

1. the benefits under the Group Master Policy;
2. to whom benefits will be paid;
3. the limitations and terms of the Group Master Policy; and
4. all other essential features of the Group Master Policy.

If more than one Certificate is issued to You, only the last one issued will be in effect.

SPECIAL SAMPLE