

VETERINARY PET INSURANCE COMPANY

1800 E. Imperial Hwy
Brea, CA 92821

DIRECT ALL INQUIRIES AND CLAIMS TO:

DVM Insurance Agency: 1800 E. Imperial Highway, Suite 145 • Brea, CA 92821 • 800-540-2016 • 714-989-0555

MAJOR MEDICAL PLAN COVERAGE FORM

1. INSURING AGREEMENT

We will provide the benefits listed in the Major Medical Plan Benefit Schedule in return for **your** payment of premium when due and compliance with all provisions of this policy. **We** will pay **covered veterinary expenses** that **you** incur during the policy term for diagnosis or treatment of **your pet's condition**. Benefit payments are subject to all exclusions, limitations, and conditions of this insurance policy.

2. DEFINITIONS

We define terms and phrases in **your** policy. **We** identify these terms with bold typeface. Any veterinary terms or phrases not defined in this policy will be interpreted as defined in the most recent edition of Blood D.C., Studdert V.P., Gay C.C., *Saunders Comprehensive Veterinary Dictionary*. London, UK: W.B. Saunders.

- A. **Chemotherapy** means treatment through chemicals primarily designed to stop the progression of cancer.
- B. **Chronic condition** means a **condition** that can be treated or managed, but not **cured**.
- C. **Condition** means an **illness** or **injury** that **your pet** contracts or incurs.
- D. **Congenital anomaly or disorder** means a **condition** that is present from birth, whether inherited or caused by the environment, which may cause or otherwise contribute to **illness** or disease.
- E. **Covered veterinary expenses** means expenses for reasonable and necessary **veterinary services** that are eligible for payment under the Major Medical Plan.
- F. **Cured** means eliminated and having no effect on the **pet** so that the **pet** is fully restored to normal health without any treatment or management.
- G. **Developmental defect** means an abnormality of a body structure or function that is a result of faulty development, whether apparent or not, that can cause **illness** or disease.
- H. **Drug or drugs** means medication or other substance undergoing clinical trials for or approved by the U.S. Food and Drug Administration (FDA) that is used to treat a **condition**.
- I. **Hereditary disorder** means an abnormality that is genetically transmitted from parent to offspring and may cause **illness** or disease.
- J. **Illness** means any **condition** caused by or associated with disease. All clinical signs or symptoms of an **illness** constitute one **illness**, regardless of the number of affected areas of **your pet's** body.
- K. **Incident** means an occurrence that causes **your pet's condition**.
- L. **Injury** means physical damage to part of a **pet's** body caused by an unforeseen physical action or force outside the **pet's** body.
- M. **Medical** means healing or therapy not involving **surgical** methods.
- N. **Pet** means the animal identified on the Declarations Page or Renewal Certificate of **your** policy.
- O. **Pet insurance** means an individual or group insurance policy that provides coverage for **veterinary expenses**.
- P. **Preexisting condition** means any **condition** for which a **veterinarian** provided **medical** advice, the **pet** received treatment for, or the **pet** displayed signs or symptoms consistent with the stated **condition** prior to the effective date of a **pet insurance** policy or during any **waiting period**.
- Q. **Prescribed** means: (1) directly provided by or (2) authorized by written instruction of a **veterinarian**.
- R. **Procedure** means a veterinary **medical** or **surgical** treatment method or course of action.
- S. **Spouse** means **your** husband, wife, or domestic partner under the law of **your** state of residence, who lives with

you at the address shown on the Declarations Page or Renewal Certificate of **your** policy.

- T. **Surgical** means healing or therapy that requires cutting or entering a part of the body to repair or remove body tissue. This does not include any diagnostic **procedure** or biopsy.
- U. **Veterinarian** means an individual who holds a valid license to practice veterinary medicine from the Veterinary Medical Board pursuant to Chapter 11 (commencing with Section 4800) of Division 2 of the Business and Professions Code or other appropriate licensing entity in the jurisdiction in which he or she practices.
- V. **Veterinary expenses** means the costs associated with **medical** advice, diagnosis, care or treatment provided by a **veterinarian**, including, but not limited to, the cost of **drugs prescribed** by a **veterinarian**.
- W. **Veterinary services** means **medical** advice, diagnosis, care or treatment provided by a **veterinarian** who has physically examined **your pet**, including **drugs prescribed** by the **veterinarian**.
- X. **Void** means to declare during the policy term that this policy is no longer in force or effect.
- Y. **Waiting or affiliation period** means the period of time specified in a **pet insurance** policy that is required to transpire before some or all of the coverage in the policy can begin.
- Z. **We, us, or our** means the company providing this insurance.
- AA. **Wild mammal** means a mammal that has never been domesticated and generally lives in the state of nature unless captured and confined.
- BB. **You or your** means the **pet** owner listed on the Declarations Page or Renewal Certificate of this policy.

3. POLICY TERM

Your policy is effective during the times and dates shown on **your** Declarations Page or Renewal Certificate. **Your** policy only applies to **covered veterinary expenses** that **you** incur during the policy term due to **your pet's condition** that occurs while **your** policy is in effect.

4. BENEFIT PROVISIONS

- A. **We** will pay **covered veterinary expenses** that **you** incur during the policy term for the diagnosis or treatment of **your pet's condition**, up to the limits of this policy. To be eligible for payment, **your pet's condition** or **procedure** to treat this **condition** must be listed in the Major Medical Plan Benefit Schedule.
- B. **We** will apply **your** deductible to **covered veterinary expenses** that **you** incur during the policy term. **We** will pay **covered veterinary expenses** that exceed **your** deductible, up to the limit of one Column A Primary Diagnosis Allowance and any Column B Secondary Diagnosis Allowance that applies to **your pet's condition**. These Diagnosis Allowances are the most that **we** will pay during the policy term for any **condition** covered by this policy, regardless of the number of **incidents** or treatments during the policy term.
- C. **Covered veterinary expenses** from each **incident** are eligible for payment under only one Column A Primary Diagnosis Allowance and any applicable Column B Secondary Diagnosis Allowance. In each **incident**, **we** will apply the Column A Primary Diagnosis Allowance of the predominant **condition** for which **your pet** received **veterinary services**. **We** will not pay both a Column A Primary Diagnosis Allowance and a Column B Secondary Diagnosis Allowance under any Diagnosis Code that applies to the same **condition**.
- D. All payments under any Diagnosis Allowance reduce the amount payable under that Diagnosis Allowance for any other **covered veterinary expenses** incurred during the policy term. **Covered veterinary expenses** that are paid under one Diagnosis Allowance are not payable under any other Diagnosis Allowance. **We** will only pay **veterinary expenses** for diagnostic testing resulting in the diagnosis of a **condition** that is covered by this policy.
- E. **We** will pay for Specialized Diagnostic Tests conducted by **your veterinarian**, up to the limits of the Specialized Diagnostic Test amounts listed in the Major Medical Plan Benefit Schedule. **We** will only pay for Specialized Diagnostic Tests resulting in the diagnosis of a **condition** that is: (1) covered by this policy and (2) not an ineligible **condition** listed on page 10 of this policy. **We** will not pay more than \$1,650 in Specialized Diagnostic Tests per policy term.

5. DEDUCTIBLE

We list **your** deductible on the Declarations Page or Renewal Certificate of **your** policy. **Your** deductible applies to each policy term. **We** will not pay any amount unless **your covered veterinary expenses** during the policy term exceed **your** deductible. **We** will only pay the amount that exceeds **your** deductible, as specified in this policy.

6. WHAT WE DO NOT COVER – EXCLUSIONS

We will not pay for:

- A. Diagnosis or treatment of any **preexisting condition**.
- B. Diagnosis or treatment of any **condition** identified as an Additional Excluded **Condition** on the Declarations Page or Renewal Certificate of **your** policy.
- C. Diagnosis or treatment of any bone or joint **condition** consisting of or associated with: (1) hip dysplasia, or any luxation or subluxation associated with hip dysplasia, (2) elbow dysplasia, (3) patellar luxation or subluxation, (4) osteochondritis dissecans, or (5) any fracture, luxation, or subluxation associated with aseptic necrosis of a femoral head, except as provided in section 7 of this policy.
- D. Diagnosis or treatment of any **condition** consisting of or caused by angular limb deformity.
- E. Diagnosis or treatment of cruciate ligament or meniscal damage or rupture that occurs during the first twelve calendar months that this policy is in effect.
- F. Diagnosis or treatment of any **condition** consisting of or caused by cervical vertebral instability/wobbler syndrome, except as provided in section 7 of this policy.
- G. Diagnosis or treatment of any **congenital anomaly or disorder** or **developmental defect** or any **condition** caused by or resulting from the **congenital anomaly or disorder** or **developmental defect**. **We** provide examples—not a complete list—of common **congenital anomalies or disorders** and **developmental defects** on **our** website: www.petinsurance.com or **you** may call **us** at 800-540-2016 to obtain a list.
- H. Diagnosis or treatment of any **hereditary disorder** or any **condition** caused by or resulting from a **hereditary disorder**, except as provided in section 7 of this policy. **We** list the **conditions** that **we** regard as **hereditary disorders** on **our** website: www.petinsurance.com or **you** may call **us** at 800-540-2016 to obtain a list.
- I. Diagnosis or treatment of any **condition** listed in the: (1) Diagnosis or **Medical Treatment for Ineligible Conditions** section or (2) **Surgical Treatment for Ineligible Conditions** section of the Major Medical Plan Benefit Schedule (page 10), except as provided in section 7 of this policy.
- J. Diagnosis or treatment for: (1) removal or treatment of deciduous (baby) teeth, (2) cosmetic dental restoration including veneers, crowns, caps or other prosthetic devices, (3) temporomandibular joint (TMJ) disease, (4) enamel hypoplasia, (5) gingivitis, or (6) tooth hygiene or appearance including teeth cleaning and polishing.
- K. Diagnosis, treatment, or preventive diagnosis or treatment of **your pet** for internal or external parasites including fleas, heartworms, and roundworms.
- L. Gastropexy, tail docking, dewclaw removal, ear cropping, skin fold resection, vulvar episioplasty, declawing, nail trims, expression of anal glands, anal sacculitis, or removal of anal glands.
- M. Diagnosis or treatment of **your pet** for any **condition** resulting from or associated with breeding or pregnancy including cesarean section, dystocia, termination of pregnancy, pseudopregnancy, spaying or neutering.
- N. Special diets, **pet** foods, or dietary or nutritional supplements used to treat or manage a **condition** or to preserve or improve general nutrition or health, even if **prescribed** by a **veterinarian**.
- O. Boarding, transportation, grooming, or bathing. Boarding includes **medical** boarding, and bathing includes medicated baths or dips.
- P. Routine, preventive, elective, or cosmetic diagnosis, treatment or **procedures**, including vaccines.
- Q. Diagnosis or treatment of any disease preventable by vaccination. **We** will pay policy benefits if: (1) **your pet** was fully vaccinated for the disease and contracted the disease despite the prior vaccination, or (2) **your pet** was not vaccinated for the disease based on the protocol of **your pet's veterinarian**.
- R. Diagnosis or treatment for nuclear sclerosis, iris atrophy, vitreal degeneration, or age-related loss of sight or hearing.
- S. Diagnosis or treatment that is experimental, investigational, or otherwise not within the standard of care accepted by the board of veterinary medicine of **your** state.
- T. Diagnosis, treatment, training, or therapy for behavioral problems.
- U. Fees or other expenses not directly related to **veterinary services** including fees or expenses incurred for: (1) waste disposal, (2) record access or copying, (3) any license or certification, (4) compliance with any government

rule or regulation, (5) any tax, or (6) any charge assessed by any bank, credit card company, or other financial institution.

- V. Diagnosis or treatment of any complication or progression of any **condition** excluded by this policy.
- W. Diagnosis or treatment of **your pet's condition** that was caused intentionally by **you** or any other resident of **your** household.
- X. Diagnosis or treatment of any **condition** caused directly or indirectly by war, rebellion, insurrection, or any release of nuclear radiation or radioactive contamination, regardless of cause.

7. ADDITIONAL COVERAGE

- A. *Diagnosis or **medical** treatment expenses for specified ineligible **conditions*** (see page 10 of the Major Medical Plan Benefit Schedule). **We** will pay up to \$275 during the policy term for **veterinary expenses** that **you** incur for the diagnosis or **medical** treatment of any **condition** listed in the Diagnosis or **Medical** Treatment for Ineligible **Conditions** section of the Major Medical Plan Benefit Schedule. **We** will not pay these expenses for any diagnosis or **medical** treatment provided in the first twelve months that this policy is in effect. **We** will not pay more than \$275 during the policy term, regardless of the number of **incidents** or treatments during the policy term.
- B. ***Surgical** expenses for specified ineligible **conditions*** (see page 10 of the Major Medical Plan Benefit Schedule). **We** will pay up to \$550 for **veterinary expenses** that **you** incur for **your pet's** surgery due to any **condition** listed in the **Surgical** Treatment for Ineligible **Conditions** section of the Major Medical Plan Benefit Schedule. **We** will not pay these expenses for any surgery that occurs in the first twelve months that this policy is in effect. **We** will not pay more than \$550 during the policy term, regardless of the number of **incidents** or treatments during the policy term.

8. YOUR DUTIES

- A. **You** must submit complete and legible claim forms to **us** and include itemized receipts for **veterinary expenses** that identify **your pet** by name.
- B. **You** must provide **us** with all **medical** and **surgical** records relating to any claim under **your** policy, upon **our** request. **You** agree to submit **your pet** to examination by a **veterinarian** selected by **us**, upon **our** request.
- C. **You** must reasonably protect **your pet** from aggravation of any **condition**.
- D. Upon payment of benefits, **we** will be subrogated to **your** rights of recovery from any other party.

9. OTHER INSURANCE

- A. If **your pet** is covered by more than one policy issued by **us**, **we** will not pay more than the highest amount payable under any one policy.
- B. This insurance is excess over any other insurance covering **your pet** that is provided by a policy issued by any other insurance company, whether collectable or not.

10. TERMINATION OF INSURANCE

- A. **Your** policy will lapse if **you** do not pay **your** premium when due.
- B. **We** may cancel **your** policy by sending written notice to **you** at **your** most recent address in **our** records. **We** will send **you** this notice ten days before **we** cancel **your** policy, or at the time required by the law of **your** state of residence. **You** may cancel **your** policy at any time by notifying **us** in writing. If either **you** or **we** cancel **your** policy, **we** will refund any unearned premium on a prorated basis.
- C. **You** may return **your** policy to **us**, or the agent through whom **your** policy was purchased, at any time within thirty days following the effective date of **your** policy. The delivery or mailing of **your** policy by **you** pursuant to this paragraph shall **void your** policy from the beginning, and the parties shall be in the same position as if a policy or contract had not been issued. **We** will refund all premiums and any policy fee paid for the policy within thirty days from the date that **you** notify **us** of **your** decision to cancel **your** policy under this paragraph. However, if **we** have paid any claim or have advised **you** in writing that a claim will be paid, the thirty-day free look right pursuant to this paragraph is inapplicable and instead section 10.B. applies to any refund.

11. ASSIGNMENT OR TRANSFER OF POLICY

- A. **You** may not transfer or assign **your** policy in whole or in part without **our** written consent. **We** will not consent unless both **you** and the proposed assignee give **us** information that **we** request on forms that **we** provide.
- B. **Your** policy will transfer to **your** legal representative or surviving **spouse** upon **your** death.

12. CHANGES AND LIBERALIZATION

- A. This policy contains all the agreements between **you** and **us**. Its terms cannot be changed except by endorsement or rider issued by **us**.
- B. **You** or **your spouse** may request changes to **your** policy. Any change **we** make due to a request by **you** or **your spouse** is binding on all persons who have any interest under **your** policy.
- C. If **we** revise this policy form and broaden **your** coverage without charge, **you** will receive the broader coverage as soon as **we** make the revision.
- D. **We** may make changes to **your** policy. If **we** do, **we** will send **you** written notice thirty days before the end of the current policy term or at the time required by the law of **your** state of residence. **You** accept these changes by renewing **your** policy.

13. REVIEW

You may request a review:

- A. If **we** deny **your** claim in whole or in part; or
- B. To ask that **we** remove an Additional Excluded **Condition** listed on the Declarations Page or Renewal Certificate of **your** policy.

You must submit **your** review request in writing indicating the reason for the review. **You** must provide **us** with all **medical** and **surgical** records from **your veterinarian** relating to any **condition** that is the basis of **your** request. If **your** request for review involves an Additional Excluded **Condition**, **you** must provide **us** with **medical** and **surgical** records or other documentation from **your veterinarian** demonstrating that the **condition** was **cured** at least six months before the date of **your** request. **Chronic conditions** are not eligible for removal. All review decisions are final.

14. SUIT AGAINST US

You may not bring a legal action against **us** unless **you** have complied with all provisions of this policy. **You** must begin any legal action against **us** within one year of **your pet's** first treatment for any **condition** identified in **your** legal action.

15. DECLARATIONS

By accepting this policy, **you** agree that all the statements in **your** application and the declarations are true and that **you** have provided **us** with all material information about **your pet's** health. **You** agree that this policy and any endorsements or riders issued to **you** is the entire and only agreement between **you** and **us**.

16. FRAUD AND CONCEALMENT

We will void **your** policy from its inception if **we** discover that **you** have misrepresented or omitted any material fact and **we** relied on **your** misrepresentation or omission in issuing this policy to **you**. **We** may deny **your** claim and void **your** policy if **you** conceal material information or make any material misrepresentation in **your** claim.

17. INSTALLMENT PAYMENT SERVICE CHARGE

If **you** elect to pay **your** premium in installments, **we** will charge **you** the installment fee listed on the Declarations Page or Renewal Certificate of **your** policy, per each installment payment.



MAJOR MEDICAL PLAN BENEFIT SCHEDULE

Column [A] Primary Diagnosis Allowance is the benefit limit for the primary **condition** or **procedure**. For each **incident**, this is the predominant **condition** for which your **pet** was treated. There is only one Column A Primary Diagnosis Allowance per **incident**.

Column [B] Secondary Diagnosis Allowance is the benefit limit for the **condition** or **procedure** that is treated along with the primary **condition** or **procedure**. We will pay **covered veterinary expenses** under any applicable Secondary Diagnosis Allowance, subject to the terms of this policy.

Code	Diagnosis
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CARDIOVASCULAR SYSTEM (Heart & Vessels)

Conditions

Code	Diagnosis	A	B
1101	Arrhythmia or Syncope	\$530	\$210
1102	Thromboembolism	1640	655
1103	Acquired Cardiomyopathy	835	330
1105	Myocarditis or Endocarditis or Pericarditis	745	285
1107	Congestive Heart Failure	-	255
1108	Valvular Heart Disease or Murmur	725	285
1106	Pericardial Effusion	-	380
1111	Cardiovascular Collapse (Shock)	-	370
1123	Heart and Pericardium Neoplasia-Medical	760	295
1125	Peripheral Vessel Neoplasia-Medical	660	270

Procedures

1114	Pacemaker	-	\$2105
1122	Pericardectomy or Pericardial Window	-	645
1104	Heart and Pericardium Neoplasia-Surgical	-	2525
1109	Peripheral Vessel Neoplasia-Surgical	-	940

DIGESTIVE SYSTEM

Oral Cavity

Conditions

1402	Tonsillitis or Pharyngitis	\$290	\$115
2510	Ulcerative Stomatitis	340	135
2512	Acquired Oronasal Fistula	-	360
2520	Tooth Resorption	310	120
2505	Oral Trauma or Fractured Tooth	765	305
2502	Tooth Infection, Cavity or Abscess	755	240
2503	Carnassial or Canine Tooth Infection, Cavity or Abscess	720	290
2522	Retropharyngeal Abscess	490	195
2508	Oral Foreign Object(s)	465	195
2521	Benign Oral Neoplasia-Medical	475	190
2525	Malignant Oral Neoplasia-Medical	715	285

Procedures

2514	Tooth Extraction(s) or Tooth Surgery	-	\$600
2524	Carnassial or Canine Tooth Extraction(s) or Tooth Surgery	-	660
2511	Root Canal Therapy	-	1030
1407	Tonsillectomy	-	695
2526	Benign Oral Neoplasia-Surgical	-	265
2504	Malignant Oral Neoplasia-Surgical	-	560

Salivary Gland

Conditions

2601	Sialocele-Medical	\$380	\$155
2605	Salivary Gland Abscess or Granuloma	655	260
2606	Salivary Gland Neoplasia-Medical	735	295

Procedures

2602	Sialocele-Surgical	-	\$1440
2604	Salivary Gland Neoplasia-Surgical	-	1220

Esophagus

Conditions

1202	Esophagitis	\$425	\$160
1201	Acquired Esophageal Dysfunction-Medical	700	275
1203	Esophageal Foreign Object(s)-Medical	530	225
4001	Esophageal Neoplasia-Medical	680	275

Procedures

1209	Acquired Esophageal Dysfunction-Surgical	-	\$445
1205	Esophageal Foreign Object(s)-Surgical	-	780
1207	Esophageal Neoplasia-Surgical	-	780

Abdominal Wall

Conditions

1211	Peritonitis-Medical	\$980	\$375
1214	Abdominal Wall Disruption	1075	430
1218	Peritoneal Neoplasia-Medical	645	260

Procedures

1212	Peritonitis-Surgical	-	\$1195
1217	Exploratory-Surgical	-	685
1213	Peritoneal Neoplasia-Surgical	-	645

Code	Diagnosis
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Stomach

Conditions

1222	Gastropathy	\$1030	\$410
1226	Gastric Ulcer	860	340
1230	Hemorrhagic Gastroenteritis	1020	430
1220	Gastric Foreign Object(s)-Medical	680	265
1228	Acquired Pyloric Hypertrophy-Medical	550	220
1223	Gastric Dilatation-Medical	755	315
1229	Stomach Neoplasia-Medical	720	290

Procedures

1235	Feeding Tube	-	\$240
1221	Gastric Foreign Object(s)-Surgical	-	1575
1227	Acquired Pyloric Hypertrophy-Surgical	-	1120
1224	Gastric Torsion-Surgical	-	2175
1225	Stomach Neoplasia-Surgical	-	1245

Small Intestine

Conditions

1241	Enteropathy	\$755	\$445
1240	Endotoxic Shock	-	365
1249	IBD or Acquired Lymphangiectasia (Biopsy Required)	1220	505
1242	Intestinal Foreign Object(s)-Medical	690	265
1244	Intussusception-Medical	415	165
4005	Small Intestine Neoplasia-Medical	860	345

Procedures

1243	Intestinal Foreign Object(s)-Surgical	-	\$1605
1248	Intestinal Resection and Anastomosis or Enteroplication	-	1325
1247	De-Rotation of Intestinal Volvulus	-	330
1246	Small Intestine Neoplasia-Surgical	-	1025

Large Intestine

Conditions

1250	Colitis	\$505	\$200
4011	Constipation	505	200
1251	Acquired Megacolon	455	180
1257	Rectal Prolapse	385	155
4012	Large Intestine Neoplasia-Medical	860	330

Procedures

4013	Large Intestine Disorder-Surgical	-	\$1140
1255	Large Intestine Neoplasia-Surgical	-	1195

Perineal

Conditions

1262	Perianal or Perineal Fistula-Medical	\$435	\$170
4022	Perineal Hernia-Medical	345	140
4023	Perineal Neoplasia-Medical	485	200
4025	Anal Sac Neoplasia-Medical	420	170

Procedures

1263	Perianal or Perineal Fistula-Surgical	-	\$750
1264	Perineal Hernia-Surgical	-	890
1265	Perineal Neoplasia-Surgical	-	460
4021	Anal Sac Neoplasia-Surgical	-	605

PANCREATIC, CHOLANGIO & HEPATIC (Pancreas, Gall Bladder & Liver)

Pancreas

Conditions

1270	Pancreatitis	\$1220	\$485
1271	Acquired Exocrine Pancreatic Insufficiency	415	165
2950	Diabetes Mellitus	955	385
2953	Ketoacidosis	-	990
1272	Pancreatic Cyst or Abscess-Medical	-	450
2952	Pancreatic Neoplasia-Medical	725	290

Procedures

1274	Pancreatic Cyst or Abscess-Surgical	-	\$695
2951	Pancreatic Neoplasia-Surgical	-	870

Gall Bladder

Conditions

1281	Gall Bladder Disorder-Medical	\$595	\$235
1284	Gall Bladder Neoplasia-Medical	695	280

Procedures

1280	Gall Bladder Disorder-Surgical	-	\$1975
1283	Gall Bladder Neoplasia-Surgical	-	1975

Liver

Conditions

1290	Hepatopathy	\$790	\$305
1297	Hepatic Encephalopathy	-	270
1293	Hepatic Abscess	805	325
4041	Hepatic Neoplasia-Medical	625	255

Procedures

4042	Hepatic Biopsy	-	\$315
1294	Partial or Complete Hepatic Lobectomy-Surgical	-	1470
1292	Hepatic Neoplasia-Surgical (Lobectomy)	-	1470

Code	Diagnosis	A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
DERMATOLOGY (Skin)			
Wounds			
Conditions			
1304	Puncture(s)	\$505	\$200
1305	Abrasion(s)	370	145
1307	Burn(s)	280	110
1308	Seroma or Hematoma	285	110
1302	Laceration or Bite Wound	825	330
1303	Lacerations or Bite Wounds (Multiple)	1065	430
1306	Dermal Abscess or Granuloma or Pressure Ulcer	430	165
1301	Dermal Foreign Object(s)	390	150
1313	Degloving Injury	-	705
Procedures			
1311	Dehiscence Repair	-	\$405
1310	Skin Graft	-	495
Dermatoses			
Conditions			
1366	Dermatopathy	\$590	\$230
1322	Atopic or Other Allergic Dermatitis	670	265
1323	Fungal Skin Disease	285	110
1326	Pyoderma and/or Hot Spot	480	190
1328	Lick Granuloma	300	115
1331	Immune Mediated Skin Disease	535	210
1332	Eosinophilic Granuloma Complex	335	130
1346	Toe Nail Disease	405	160
1367	Solar Dermatitis	285	110
1321	Cellulitis or Subcutaneous Emphysema	280	110
1368	Hepatocutaneous Syndrome	-	120
1369	Benign Skin Neoplasia-Medical	540	215
1370	Malignant Skin Neoplasia-Medical	630	250
Procedures			
1329	Benign Skin Neoplasia-Surgical	-	\$1150
1336	Malignant Skin Neoplasia-Surgical	-	1010
RESPIRATORY SYSTEM (Airways & Lungs)			
Nasal Cavity			
Conditions			
2401	Rhinitis or Sinusitis or Canine Upper Respiratory Infection	\$375	\$180
2404	Nasal or Sinus Trauma	400	160
2403	Nasal Cavity Foreign Object(s)	485	200
2405	Nasal or Sinus Neoplasia-Medical	640	260
Procedure			
2406	Nasal or Sinus Neoplasia-Surgical	-	\$420
Upper Airway			
Conditions			
1408	Laryngitis or Tracheitis	\$280	\$110
1405	Upper Airway Trauma(s)-Medical	585	230
1401	Upper Airway Foreign Object(s)-Medical	440	180
1409	Laryngeal Paralysis-Medical	620	250
1427	Upper Airway Neoplasia-Medical	595	235
Procedures			
1428	Upper Airway Trauma(s)-Surgical	-	\$275
1410	Laryngeal Paralysis-Surgical	-	2095
1423	Upper Airway Foreign Object(s)-Surgical	-	535
1406	Upper Airway Neoplasia-Surgical	-	1020
Thorax (Chest)			
Conditions			
1442	Asthma or Allergic Bronchitis	\$460	\$190
1447	Pneumonia	730	290
1441	Pulmonary Edema	-	365
1440	Pulmonary Contusions	-	325
1444	Pleural Effusion	-	480
1460	Interstitial Lung Disease	455	185
1451	Mediastinal Disease	1020	405
1454	Pyothorax	2505	1000
1455	Chylothorax	2505	1000
1462	Thoracic Foreign Object(s)-Medical	695	280
1448	Lung Consolidation or Torsion	580	230
1449	Pneumothorax or Pulmonary Bulla	985	395
1453	Thoracic Neoplasia-Medical	615	240
Procedures			
1446	Traumatic Diaphragmatic Hernia-Surgical	-	\$1760
1458	Chest Tube	-	915
1450	Thoracic Foreign Object(s)-Surgical	-	2525
1445	Thoracic Neoplasia-Surgical	-	2525
1461	Lung Lobectomy	-	2525
REPRODUCTIVE SYSTEM			
Vaginal			
Conditions			
1501	Vaginitis	\$250	\$100
1505	Vaginal Trauma	565	225
1504	Vaginal Foreign Object(s)	485	195
1515	Vaginal Neoplasia-Medical	455	180

Code	Diagnosis	A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
Procedure			
1506	Vaginal Neoplasia-Surgical	-	\$460
Uterine			
Conditions			
1510	Pyometra or Metritis-Medical	\$500	\$200
1516	Uterine or Ovarian Neoplasia-Medical	445	180
Procedures			
1517	Remnant Ovary-Surgical	-	\$715
1511	Pyometra or Metritis-Surgical	-	1090
1513	Uterine or Ovarian Neoplasia-Surgical	-	715
Mammary Gland			
Conditions			
1520	Mastitis	\$335	\$130
1527	Mammary Neoplasia-Medical	415	165
Procedures			
1526	Mammary Neoplasia-Simple Mastectomy	-	\$320
1521	Mammary Neoplasia-Regional or Partial Mastectomy	-	730
1522	Mammary Neoplasia-Unilateral or Complete Mastectomy	-	1300
Scrotal & Testicular			
Conditions			
1531	Orchitis or Epididymitis	\$525	\$210
1532	Testicular Torsion or Trauma	700	275
1536	Testicular Neoplasia-Medical	350	145
Procedures			
1533	Scrotal Ablation	-	\$185
1530	Testicular Neoplasia-Surgical (Includes Castration)	-	350
Penis & Prepuce			
Conditions			
1540	Paraphimosis or Phimosis	\$345	\$140
1544	Balanoposthitis	240	95
1541	Penile Trauma	350	140
1543	Penile or Preputial Foreign Object(s)	460	180
1545	Penile Neoplasia-Medical	290	120
Procedure			
1542	Penile Neoplasia-Surgical	-	\$645
Prostate			
Conditions			
1551	Prostatitis or Benign Prostatic Hypertrophy-Medical	\$455	\$180
1553	Prostatic Neoplasia-Medical	555	225
Procedures			
1554	Prostatic Biopsy	-	\$330
1552	Prostatitis or Benign Prostatic Hypertrophy-Surgical (Includes Castration)	-	350
1550	Prostatic Neoplasia-Prostatectomy or Prostatectomy (Includes Castration)	-	860
CHEMICAL & PHYSICAL (Poisonings, Toxicities, Reactions & Accidents)			
Chemical			
Conditions			
1601	Metaldehyde Toxicity (Snail & Slug Bait)	\$1080	\$395
1602	Strychnine Toxicity (Pesticide)	620	225
1603	Ethylene Glycol Toxicity (Antifreeze)	1100	400
1604	Insecticide Poisoning	595	215
1605	Rodenticide Toxicity (Pesticide)	775	280
1606	Household Chemicals Toxicity (Detergents, Cleaners)	520	185
1608	Toad Poisoning	445	160
1609	Poisoning of Plant Origin	700	255
1611	Drug Toxicity or Overdose	1055	385
1612	Methylxanthine Toxicity (Chocolate, Caffeine)	570	210
1613	Alcohol Toxicity	625	225
1615	Heavy Metals Toxicity (Lead, Zinc)	900	330
1619	Other Toxicity	840	310
Procedure			
1618	Gastric Lavage for Toxin Ingestion	-	\$315
Physical			
Conditions			
1650	Insect Bites and Stings	\$505	\$200
1651	Snakebite	660	240
1662	Wild Mammal Encounter	345	145
1663	Crushing or Blunt Trauma	505	200
1664	Strangulation	365	145
1652	Near Drowning	470	170
1665	Smoke or Inhalation Toxicity	860	340
1653	Heat Stroke (Hyperthermia)	840	310
1654	Hypothermia	415	150
1655	Frostbite	705	280
1656	Electric Shock	430	155
1657	Hypoglycemia	500	190
1661	Systemic Allergic Reaction	415	170
1666	Anaphylactic Shock	580	230

Code	Diagnosis	A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
Procedure			
1658	Anti-Venom or Antizol	-	\$955
URINARY SYSTEM			
Renal (Kidney)			
Conditions			
1724	Pyelonephritis	\$600	\$250
1703	Nephrotic Syndrome	420	170
1718	Acute Renal Failure	815	325
1716	Chronic Renal Failure	815	325
1709	Glomerulonephritis	815	325
1701	Nephrolithiasis or Ureterolithiasis	470	185
1719	Renal Neoplasia-Medical	445	180
Procedures			
1720	Dialysis or Hemofiltration	-	\$990
1706	Renal Biopsy	-	330
1707	Acquired Renal or Ureter Disorder-Surgical	-	2525
1715	Kidney Transplant	-	2525
1721	Renal Neoplasia-Surgical	-	2525
Bladder			
Conditions			
1806	Acquired Urinary Incontinence or Atony	\$485	\$190
1802	Canine Cystitis	995	395
1805	Feline Cystitis or FLUTD-Medical	995	395
1809	Urolithiasis-Medical	385	150
1807	Bladder Neoplasia-Medical	615	250
Procedures			
1820	Feline Cystitis or FLUTD-Obstructed Male	-	\$560
1801	Acquired Bladder Disorder-Surgical	-	1565
1803	Traumatic Bladder Rupture-Surgical	-	790
1804	Bladder Neoplasia-Surgical	-	415
Urethra			
Conditions			
1901	Urethrolithiasis-Medical	\$450	\$180
1902	Urethral Trauma-Medical	445	180
1912	Urethral Neoplasia-Medical	595	235
Procedures			
1911	Urethrotomy or Urethral Trauma-Surgical	-	\$495
1903	Perineal Urethrostomy	-	2485
1905	Urethral Neoplasia-Surgical	-	1375
INFECTIOUS (Virus, Bacteria & Fungus)			
Conditions			
2001	Papillomatosis	\$320	\$125
2003	Canine Parvovirus	1435	570
2005	Canine Coronavirus	470	185
2006	Feline Upper Respiratory Disease Complex	570	230
1452	Tracheobronchitis or Kennel Cough	535	210
2007	Feline Infectious Peritonitis (FIP)	590	215
2008	Haemobartonella (Mycoplasmosis)	385	155
2009	Feline Panleukopenia Virus (FPV)	665	265
2010	Canine Distemper	940	375
2013	Brucellosis	380	150
2014	Leptospirosis	980	395
2015	Tetanus	965	385
2016	Botulism	860	340
2017	Coccidioidomycosis (Valley Fever)	685	285
2019	Feline Leukemia Virus (FeLV)	335	130
2021	Ehrlichia or Anaplasma or Other Rickettsial Diseases	515	205
2022	Salmon Disease	615	240
2023	Lyme Disease	350	135
2024	Rocky Mountain Spotted Fever	415	165
2039	Viral Infection-Other	395	155
2040	Blastomycosis-Systemic Mycosis	715	285
2041	Histoplasmosis-Systemic Mycosis	715	285
2042	Cryptococcosis-Systemic Mycosis	715	285
2043	Bartonella	290	115
2045	Tuberculosis or Other Mycobacteria	380	150
2046	Feline Immunodeficiency Virus (FIV)	365	130
2047	West Nile Virus	415	165
2048	Canine Influenza	445	175
2049	Systemic Mycosis-Other	715	285
OPHTHALMOLOGY (Eyes)			
Conditions			
2105	Plugged Tear Duct	\$220	\$85
2106	Corneal Edema	255	95
2131	Blepharitis	245	95
2107	Conjunctivitis	460	185
2108	Keratoconjunctivitis Sicca or Keratitis	370	145
2110	Corneal Ulcer	630	250
2114	Uveitis or Retinitis	320	125
2156	Iritis or Acquired Iris Cyst	335	130
2158	Episcleritis or Scleritis	245	95
2135	Sudden Acquired Retinal Degeneration Syndrome	350	140

Code	Diagnosis	A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
2119	Retrolbulbar Abscess	665	265
2132	Ocular Trauma	290	115
2161	Corneal Sequestrum	310	120
2121	Ocular Foreign Object(s)	325	130
2165	Descemetocele-Medical	420	170
2115	Glaucoma: due to covered condition-Medical	495	200
2136	Cataract(s): due to covered condition or dog 7 years or older-Medical	235	95
2138	Lens Luxation or Subluxation-Medical	330	130
2134	Retinal Detachment-Medical	495	200
2122	Meibomian Gland Disorder	245	100
2166	Eyelid Neoplasia-Medical	245	100
2167	Ocular Neoplasia-Medical	495	200
Procedures			
2111	Corneal Ulcer-Debridement or Keratotomy	-	\$775
2127	Corneal Ulcer-Graft or Keratectomy	-	1475
2123	Proposed Eye Replacement	-	690
2126	Enucleation or Evisceration	-	1405
2112	Descemetocele-Surgical	-	1570
2116	Glaucoma: due to covered condition-Surgical	-	1725
2117	Cataract(s): due to covered condition or dog 7 years or older-Surgical	-	2525
2118	Lens Luxation or Subluxation-Surgical	-	885
2137	Retinal Detachment-Surgical	-	870
2120	Iris Prolapse-Surgical	-	555
2102	Eyelid Neoplasia-Surgical	-	370
2129	Ocular Neoplasia-Surgical	-	450
NEUROLOGY (Brain, Spinal Cord & Nerves)			
Conditions			
2205	Epilepsy or Seizure(s) or Idiopathic Tremor Syndrome	\$680	\$265
2213	Neuritis (Peripheral Nerve)	440	175
2240	Horner's Syndrome	440	175
2202	Polyradiculoneuritis	700	275
2204	Encephalitis or Meningitis or GME	1190	475
2228	Degenerative Encephalopathy or Canine Cognitive Dysfunction	370	145
2242	Neck or Back Sprain	475	190
2206	Intervertebral Disc Disease-Medical	815	315
2217	Diskospondylitis	745	295
2218	Cauda Equina Syndrome-Medical	635	255
2210	Neurologic Trauma	645	270
2203	Myelopathy	660	265
2227	Paresis or Paralysis or Ataxia	-	240
2211	Cranial Vascular Accident or Stroke	765	305
2220	Fibrocartilaginous Embolism	705	285
2221	Vestibular Syndrome	635	255
2222	Acquired Myasthenia Gravis	1110	440
2243	Peripheral Nerve Neoplasia-Medical	450	180
2215	Brain or Spinal Cord Neoplasia-Medical	675	275
Procedures			
2208	Intervertebral Disc Disease-Surgical	-	\$2225
2216	Cauda Equina Syndrome-Surgical	-	2330
2235	Craniotomy	-	2770
2244	Peripheral Nerve Neoplasia-Surgical	-	670
2223	Brain or Spinal Cord Neoplasia-Surgical	-	1205
AURAL (Ears)			
Conditions			
2305	Otitis Externa	\$780	\$310
2306	Otitis Media or Interna	485	195
2301	Auricular Hematoma-Medical	550	220
2308	Ear Foreign Object(s)	310	125
2304	Ear Canal Neoplasia-Medical	480	195
Procedures			
2317	Auricular Hematoma-Surgical	-	\$475
2311	Ear Canal Neoplasia-Surgical	-	595
2307	Bulla Osteotomy	-	540
2309	Lateral or Vertical Ear Resection	-	1405
2310	Total Ear Canal Ablation	-	1570
MUSCULOSKELETAL			
Conditions			
2710	Immune Mediated Myositis	\$480	\$200
2777	Hypertrophic Osteodystrophy	405	160
2727	Panosteitis	390	160
2715	Osteomyelitis or Septic Joint-Medical	560	220
2724	Musculoskeletal Sprain	910	360
2729	Soft Tissue Trauma	910	360
2734	Torn Nail	705	275
2711	Degenerative Arthritis	720	290
3304	Immune Mediated Arthritis	530	210
2717	Spondylosis	425	170
2739	Tendonitis or Synovitis or Bursitis	525	210
2784	Hyperextension or Ligamentous Injury	445	185
2720	Tendon Rupture-Medical	665	265
2701	Cruciate and/or Meniscus-Medical (see policy: Section 6, E)	735	275
2704	Traumatic Elbow Luxation-Medical	710	280
2787	Traumatic Shoulder Subluxation or Luxation-Medical	595	235
2706	Traumatic Hip Luxation-Medical	840	335
2735	Hygroma-Medical	295	120

Code	Diagnosis	A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
2788	Muscle Neoplasia-Medical	510	210
2725	Bone Cyst	600	235
2722	Bone or Joint Neoplasia-Medical	625	250
Procedures			
2721	Tendon Repair-Surgical	-	\$825
2702	Cruciate and/or Meniscus-Surgical (see policy: Section 6, E)	-	2750
2705	Traumatic Elbow Luxation-Surgical	-	780
2740	Traumatic Shoulder Subluxation or Luxation-Surgical	-	950
2708	Traumatic Hip Luxation-Surgical	-	1915
2789	Bone or Joint Biopsy	-	330
2716	Osteomyelitis or Septic Joint-Surgical	-	895
2731	Dewclaw Amputation (Non-Elective)	-	275
2732	Tail Amputation	-	370
2733	Toe Amputation	-	455
2737	Fore Leg Amputation	-	990
2738	Rear Leg Amputation	-	990
2795	Limb Sparing Procedure	-	1145
2741	Mandibulectomy or Maxillectomy	-	1910
2736	Hygroma-Surgical	-	375
2728	Muscle Neoplasia-Surgical	-	645
2723	Bone or Joint Neoplasia-Surgical	-	1705
FRACTURES			
Skull, Jaw, Scapula, Rib & Patella			
Procedures			
2801	Cage Rest	\$620	-
2802	Bandage	585	230
2803	Sling	625	250
2811	Wires	1225	665
2812	Pins or K Wires	1320	705
2813	Plate	1960	955
2814	External Apparatus or Fixator	1870	925
2815	Plate Removal	-	560
2816	Hardware Removal	-	350
Humerus, Femur, Radius, Ulna & Tibia			
Procedures			
2820	Bandage (RBT Jones/Temporary)	\$570	\$225
2821	Splint or Cast	785	315
2830	IM Pins/Wires/Screws	1995	975
2831	Plate	2805	1300
2832	External Apparatus or Fixator	2160	1040
2834	Bone Graft or Implant	-	440
2835	Plate Removal	-	605
2836	Hardware Removal	-	350
Pelvis & Vertebrae			
Procedures			
2840	Cage Rest	\$625	\$360
2850	IM Pins/Wires/Screws	2200	1055
2851	Plate	3125	1515
2852	External Apparatus or Fixator	2260	1055
2853	Plate Removal	-	715
2854	Hardware Removal	-	350
Carpus, Metacarpus, Tarsus, Metatarsus & Phalanges			
Fractures or Dislocations			
Procedures			
2860	Bandage	\$435	\$170
2861	Cast or Splint	765	305
2870	IM Pins/Wires/Screws	1720	865
2871	Plate Arthrodesis	-	2195
2872	Plate Removal	-	560
2873	Hardware Removal	-	350
ENDOCRINOLOGY			
Adrenal			
Conditions			
2902	Addison's Disease	\$945	\$395
2961	Cushing's Disease	810	340
2904	Adrenal Neoplasia-Medical	545	220
Procedure			
2903	Adrenal Neoplasia-Surgical	-	\$815
Thyroid			
Conditions			
2920	Hypothyroidism	\$660	\$265
2921	Hyperthyroidism	790	320
2924	Thyroid Neoplasia-Medical	480	195
Procedures			
2923	Hyperthyroid (I-131)	-	\$935
2922	Thyroid Neoplasia-Surgical	-	715

Code	Diagnosis	A	B
		Primary Diagnosis Allowance	Secondary Diagnosis Allowance
Parathyroid			
Conditions			
2940	Hyperparathyroidism	\$745	\$295
2942	Hypoparathyroidism	535	210
2944	Parathyroid Neoplasia-Medical	615	250
Procedure			
2943	Parathyroid Neoplasia-Surgical	-	\$935
Pituitary			
Conditions			
2960	Diabetes Insipidus	\$540	\$215
2962	Pituitary Neoplasia-Medical	545	220
Procedure			
2967	Pituitary Neoplasia-Surgical	-	\$815
HEMATOLOGY (Blood Disorders)			
Conditions			
3001	Immune Mediated Hemolytic Anemia	\$1370	\$545
3003	Heinz-Body Anemia	-	285
3004	Anemia of Chronic Disease	-	450
3005	Aplastic or Hypoplastic Anemia	1385	550
3006	Acute Anemia-Injury Related	-	345
3032	Immune Mediated or Idiopathic Thrombocytopenia	870	345
3007	Myeloproliferative Disorders	910	345
3008	Leukemia	1115	445
3009	Septicemia	-	495
3010	Myelodysplastic Disorders	1260	500
3014	Multiple Myeloma	875	345
Procedure			
3011	Transfusion	-	\$610
LYMPHATIC SYSTEM			
Conditions			
3101	Lymphadenopathy	\$515	\$195
3103	Lymph Node Neoplasia	1475	590
SPLENIC (Spleen)			
Conditions			
3204	Splenomegaly	\$590	\$220
3202	Splenic Torsion-Medical	735	295
3206	Splenic Neoplasia-Medical	600	240
Procedures			
3203	Splenectomy	-	\$1385
3201	Traumatic Splenic Rupture-Surgical (Includes Splenectomy)	-	1385
3205	Splenic Neoplasia-Surgical (Includes Splenectomy)	-	1385
MISCELLANEOUS			
Conditions			
7003	Complication of Spay or Neuter	\$55	-
7004	Orthopedic Device Removal	55	-
2020	Open or Undefined Diagnosis	445	\$210
7002	Ascites	-	255
1717	Hypertension	365	215
1607	Adverse Medication Reaction	-	225
3302	Systemic Lupus Erythematosus	625	250
3034	DIC or Systemic Inflammatory Response Syndrome (SIRS)	-	475
7001	Metastatic or Infiltrative Neoplasia	-	605
Specialized Procedures			
7100	Chemotherapy or Radiation Treatment	-	\$2400
7102	Mechanical Ventilation	-	250
7103	Tracheostomy	-	315
7104	Ultrasound Assist-Guided Procedure	-	45
7105	Laparoscopy or Thoracoscopy	-	440
7106	Spinal Tap	-	385
7107	Joint Tap(s)	-	305
7108	Aspiration or Biopsy of Bone Marrow	-	385
7109	Endoscopy or Arthroscopy	-	495
1110	Cardiopulmonary Resuscitation (CPR)	-	250
1000	Euthanasia and/or Remains Care	-	155
Specialized Diagnostic Tests*			
7200	Allergy Test	-	\$330
7201	Contrast Radiographs	-	385
7202	Fluoroscopy	-	495
7203	Metastatic Check-Thoracic Radiograph	-	165
7204	CT Scan	-	990
7205	MRI Scan	-	1650
7206	Myelogram	-	715
7207	Nuclear or Isotope Imaging	-	770
7208	Full Diagnostic Ocular or Soft Tissue Ultrasound	-	165
7209	Full Diagnostic Abdominal Ultrasound	-	440
7210	Full Diagnostic Echocardiogram or Thoracic Ultrasound	-	440

*These tests are only payable up to the amounts listed in this section of the Major Medical Plan Benefit Schedule.

Diagnosis or Medical Treatment for Ineligible ConditionsThese conditions are not covered by your policy, except as specified in section 7, A of your policy.

6539 Acanthosis Nigricans	6051 Inherited Myopathy
6516 Alopecia X (Wooly Syndrome)	6141 Inherited Neuroaxonal Dystrophy
6032 Amyloidosis	6137 Inherited or Progressive Ataxia
6056 Aseptic Necrosis of Femoral Head (Legg-Calve'-Perthes)- Medical	6405 Inherited Phosphofructokinase Deficiency
6002 Atrial Standstill	6406 Inherited Pyruvate Dehydrogenase Phosphatase Deficiency
6601 Atypical Cushing's Disease	6404 Inherited Pyruvate Kinase Deficiency
6403 Basset Hound Thrombopathia	6410 Inherited Red Blood Cell Disorders
6024 Beagle Pain Syndrome (Canine Juvenile Polyarteritis)	6314 Inherited Retinal Degeneration
6412 Benign Giant Inherited Platelet Disorder	6544 Inherited Seborrhea
6407 Canine Leukocyte Adhesion Deficiency (CLAD)	6061 Leukodystrophy
6006 Cardiac Arrhythmia of Boxers	6501 Lupoid Dermatitis
6301 Cataracts of Dogs Under 7 Years of Age- Medical	6513 Lupoid Onychopathy
6125 Central Axonopathy	6008 Malignant Histiocytosis- Medical
6131 Cerebellar Degeneration	6542 Melanoderma and Alopecia of Yorkshire Terriers
6070 Ceroid Lipofuscinosis	6049 Mitochondrial Myopathy
6133 Cervical Vertebral Instability/Wobbler Syndrome- Medical	6004 Mitral or Tricuspid Valve Degeneration
6521 Chediak-Higashi Syndrome	6517 Multiple Collagenous Nevi or Nodular Dermatofibrosis- Medical
6101 Collapsed Trachea- Medical	6540 Muscular Cramping
6520 Color Mutant Alopecia	6139 Narcolepsy
6011 Combined Immunodeficiency	6147 Necrotizing Meningoencephalitis
6026 Complement Deficiency (C3)	6537 Neuronal Degeneration
6528 Copper Hepatopathy	6312 Nodular Fasciitis (Proliferative Episcleritis)
6304 Corneal Endothelial Dystrophy- Medical	6331 Ocular Melanosis- Medical
6052 Craniomandibular Osteopathy	6155 Osteochondritis of the Medial Humeral Head (Elbow Dysplasia)- Medical
6010 Cutaneous Histiocytosis- Medical	6058 Osteochondrodysplasia
6532 Cutaneous Mucinosis	6057 Osteochondrosis Dissecans- Medical
6025 Cyclic Hematopoiesis or Neutropenia	6310 Pannus (Superficial Keratitis)
6208 Cystine Urethrolithiasis- Medical	6059 Patellar Luxation- Medical
6204 Cystine Urolithiasis- Medical	6325 Pigmentary Uveitis
6515 Dalmatian Bronzing Syndrome	6023 Pinnal Vasculopathy
6146 Dancing Doberman Disease	6217 Polycystic Kidney Disease
6134 Degenerative Myelopathy	6143 Polyneuropathy
6507 Dermatomyositis	6311 Primary Glaucoma- Medical
6050 Distal Myopathy	6309 Primary Lens Luxation- Medical
6313 Distichiasis- Medical	6127 Progressive Axonopathy
6303 Ectopic Cilia- Medical	6305 Progressive Retinal Atrophy
6308 Ectropion- Medical	6302 Prolapsed Gland of Third Eyelid- Medical
6053 Elbow Dysplasia- Medical	6548 Protein Losing Enteropathy
6307 Entropion- Medical	6535 Protein Losing Nephropathy
6508 Epidermolysis Bullosa	6522 Pseudohyperkalemia
6550 Exercise Induced Collapse	6142 Rug Encephalitis (Necrotizing Meningoencephalitis)
6538 Familial Renal Disease	6166 Radio-Ulnar Incongruence (Elbow Dysplasia)- Medical
6135 Familial Vasculopathy	6541 Rage Syndrome
6153 Fragmented Coronoid Process (Elbow Dysplasia)- Medical	6033 Renal Dysplasia
6128 Giant Axonal Neuropathy	6202 Renal Tubular Dysfunction (Fanconi Syndrome)
6022 Gluten-Sensitive Enteropathy	6326 Retinal Dysplasia
6506 Growth Hormone Responsive Dermatitis	6333 Retinal Pigment Epithelial Dystrophy
6306 Hemeralopia (Daylight Blindness)	6503 Schnauzer Comedo Syndrome
6408 Hemophilia	6138 Scotty Champs
6055 Hip Dysplasia- Medical	6327 Scrolled Third Eyelid Cartilage- Medical
6021 Histiocytic Ulcerative Colitis	6510 Sebaceous Adenitis
6031 Hyperlipidemia-Hyperlipoproteinemia	6332 Secondary Melanocytic Glaucoma
6020 Hypertrophic Gastritis or Immunoproliferative Enteropathy	6145 Sensory Neuropathy
6129 Hypertrophic Neuropathy	6504 Sex Hormone Dermatitis (Alopecia X)
6106 Idiopathic Pulmonary Fibrosis	6525 Shar-Pei Fever
6136 Incomplete Ossification of the Humeral Condyle- Medical	6005 Sick Sinus Syndrome- Medical
6149 Inherited Alpha Mannosidosis	6035 Sphingomyelinosis (Niemann-Pick Disease)
6003 Inherited Cardiomyopathy	6518 Spiculosis
6409 Inherited Coagulation (Bleeding) Disorders	6140 Spinal Muscular Atrophy
6062 Inherited Cobalamin Deficiency	6531 Synovitis
6545 Inherited Exocrine Pancreatic Insufficiency	6009 Systemic Histiocytosis- Medical
6067 Inherited Fucosidosis	6402 Thrombasthenic Thrombopathia
6066 Inherited Gangliosidosis	6329 Trichiasis- Medical
6065 Inherited Globoid Cell Leukodystrophy (Krabbe Disease)	6154 Ununited Anconeal Process (Elbow Dysplasia)- Medical
6069 Inherited Glucocerebrosideosis (Gaucher's Disease)	6209 Urate Urethrolithiasis- Medical
6064 Inherited Glycogen Storage Disease	6203 Urate Urolithiasis- Medical
6060 Inherited Hyperparathyroidism	6206 Urethral Prolapse- Medical
6220 Inherited Immunodeficiency Disorders	6509 Vitamin A Responsive Dermatitis
6546 Inherited Inflammatory Bowel Disease (IBD)	6411 Vitamin K Dependent Coagulopathy
6334 Inherited Iridociliary or Iris Cysts- Medical	6401 Von Willebrand's Disease
6102 Inherited Laryngeal Paralysis- Medical	6205 Xanthine Urolithiasis- Medical
6547 Inherited Lymphangiectasia	6210 Xanthine Urethrolithiasis- Medical
6534 Inherited Megaesophagus- Medical	6030 X-Linked Muscular Dystrophy
6068 Inherited Mucopolysaccharidosis (I, II, IIIA, VI, VII)	6505 Zinc Responsive Dermatitis
6148 Inherited Myasthenia Gravis	

Surgical Treatment for Ineligible ConditionsThese conditions are not covered by your policy, except as specified in section 7, B of your policy.

6039 Aseptic Necrosis of Femoral Head (Legg-Calve'-Perthes)- Surgical	6015 Malignant Histiocytosis- Surgical
6317 Cataracts of Dogs Under 7 Years of Age- Surgical	6502 Multiple Collagenous Nevi or Nodular Dermatofibrosis- Surgical
6130 Cervical Vertebral Instability/Wobbler Syndrome- Surgical	6335 Ocular Melanosis- Surgical
6104 Collapsed Trachea- Surgical	6038 Osteochondrosis Dissecans- Surgical
6316 Corneal Endothelial Dystrophy- Surgical	6363 Patellar Luxation- Surgical
6012 Cutaneous Histiocytosis- Surgical	6323 Primary Glaucoma- Surgical
6214 Cystine Urethrolithiasis- Surgical	6322 Primary Lens Luxation- Surgical
6212 Cystine Urolithiasis- Surgical	6318 Prolapsed Gland of Third Eyelid- Surgical
6324 Distichiasis- Surgical	6328 Scrolled Third Eyelid Cartilage- Surgical
6319 Ectopic Cilia- Surgical	6014 Sick Sinus Syndrome- Surgical
6321 Ectropion- Surgical	6016 Systemic Histiocytosis- Surgical
6037 Elbow Dysplasia- Surgical	6330 Trichiasis- Surgical
6320 Entropion- Surgical	6215 Urate Urethrolithiasis- Surgical
6036 Hip Dysplasia- Surgical	6211 Urate Urolithiasis- Surgical
6336 Inherited Iridociliary or Iris Cysts- Surgical	6207 Urethral Prolapse- Surgical
6103 Inherited Laryngeal Paralysis- Surgical	6216 Xanthine Urethrolithiasis- Surgical
6526 Inherited Megaesophagus- Surgical	6213 Xanthine Urolithiasis- Surgical

INSURER DISCLOSURE OF IMPORTANT POLICY PROVISIONS

Major Medical Plan

1. Your policy contains exclusions, listed in Section 6: WHAT WE DO NOT COVER—EXCLUSIONS. Your policy excludes coverage for diagnosis or treatment of any:
 - a. “Preexisting condition,” which means “any condition for which a veterinarian provided medical advice, the pet received treatment for, or the pet displayed signs or symptoms consistent with the stated condition prior to the effective date of a pet insurance policy or during any waiting period.”
 - b. “Hereditary disorder,” which means “an abnormality that is genetically transmitted from parent to offspring and may cause illness or disease.”
 - c. “Congenital anomaly or disorder,” which means “a condition that is present from birth, whether inherited or caused by the environment, which may cause or otherwise contribute to illness or disease.”

Other exclusions may apply. Please refer to the exclusions section of the policy for more information.

2. Your policy has these provisions that limit coverage:
 - a. Section 5 of your policy—DEDUCTIBLE—says: “We list your deductible on the Declarations Page or Renewal Certificate of your policy. Your deductible applies to each policy term.” This section explains how we will apply your deductible.
 - b. The following waiting periods apply to your policy:
 - (1) Section 3 of your policy says that your policy is effective during the times and dates shown on your Declarations Page or Renewal Certificate and your policy effective date will not be earlier than 14 days after we approve your application and receive your payment.
 - (2) Section 4. G. of your policy provides Additional Coverage for diagnosis or medical treatment for specified ineligible conditions and for surgical expenses for specified ineligible conditions, up to limits specified in this section. Your policy says that we will not pay these expenses during the first twelve (12) months that your policy is in effect.
 - (3) Section 6. D. of your policy says that we will not pay for “diagnosis or treatment of any condition consisting of or associated with: ... cruciate ligament or meniscal damage or rupture that occurs during the first twelve (12) months that this policy is in effect.”
 - c. Your policy contains several limits that apply each policy term, which is shown on your Declarations Page or Renewal Certificate.
 - (1) Section 4.A, your policy says that for your covered veterinary expenses to be eligible for payment under your policy, your pet’s condition or procedure to treat this condition must be listed in the Benefit Schedule of your policy. This Benefit Schedule contains separate annual limits for conditions or procedures that are covered by your policy.
 - (2) Section 4.B. of your policy says that we apply your deductible to covered veterinary expenses that you incur during the policy term and we will pay these expenses up to the limit of one Column A Primary Diagnosis Allowance and any Column B Secondary Diagnosis Allowance that applies to your pet’s condition. These

Diagnosis Allowances are maximum amounts paid during each policy term, regardless of the number of incidents or treatments during the policy term.

- (3) Section 4.C. of your policy says that covered veterinary expenses from each incident are eligible for payment under only one Column A Primary Diagnosis Allowance and any applicable Column B Secondary Diagnosis Allowance. Additionally, this section says that in each incident, we will apply the Column A Primary Diagnosis Allowance of the predominant condition for which your pet received veterinary services. This section also says that we will not pay both a Column A Primary Diagnosis Allowance and a Column B Secondary Diagnosis Allowance under any Diagnosis Code that applies to the same condition.
 - (4) Section 4.D. of your policy says that all payments under any Diagnosis Allowance reduce the amount payable under that Diagnosis Allowance for any other covered veterinary expenses incurred during the policy term. Additionally, this section says that covered veterinary expenses that are paid under one Diagnosis Allowance are not payable under any other Diagnosis Allowance. This section also says that we will only pay veterinary expenses for diagnostic testing resulting in the diagnosis of a condition that is covered by this policy.
 - (5) In Section 4.E, your policy says that will not pay more than \$1,500 in each policy term for Specialized Diagnostic Tests conducted by your veterinarian.
 - (6) In Section 4.F., your policy says that we will not pay more than \$14,000 in each policy term.
 - (7) In Section 4.G., we provide Additional Coverage for diagnosis or medical treatment expenses for specified ineligible conditions and your policy limits payment for this treatment to \$250 in each policy term. In Section 4.G., we also provide Additional Coverage for surgical expenses for specified ineligible conditions, and your policy limits payment for this treatment to \$500 in each policy term. No expenses are payable under Section 4.G. for any diagnosis or medical treatment or surgery that occurs in the first twelve months that your policy is in effect.
3. *Description of the basis or formula on which we determine claim payments under your policy.* We review all invoices for veterinary services and supporting forms and documentation you submit and determine whether the expenses you submit are covered under your policy. If your expenses meet the terms of the insuring agreement of your policy, we determine whether any other policy provision excludes or limits coverage. If you have complied with all policy terms and conditions and if the veterinary services expenses you submit to us are payable under your policy, we pay these expenses subject to all terms, conditions, limitations, and exclusions of your policy.
 4. Your policy has a Benefit Schedule, located in the policy form booklet we send you—immediately following page 5 of your policy booklet. We use this Benefit Schedule in determining claim payment under your policy.

NOTICE: 30-DAY FREE LOOK CANCELLATION

After you apply for insurance with us and we accept your application by issuing your policy to you, you may request a free look cancellation of your policy without charge as described in Section 9.E. of your policy. Free look cancellation requests must be made within 30 days of your policy effective date as shown on your Declarations Page.

If we have not paid any claims nor advised you in writing that a claim will be paid under your policy, your policy will be considered void from the beginning and you and we will be in the same position as if a policy or

contract had been not been issued. In this case, we will refund you all premiums you have paid us under your policy and charge you no additional premium under your policy. We will refund premium you have paid within 30 days from the date that you notify us of this cancellation.

If we have either paid any claim or advised you in writing that a claim will be paid under your policy, this 30-day free look under your policy is inapplicable and instead the policy provisions in Section 9.D. of your policy relating to cancellation will apply to any refund.

You may only take advantage of this 30-day free look period in the first term of your policy, within 30 days of your policy effective date as shown on your Declarations Page.