# *INDEPENDENCE AMERICAN INSURANCE COMPANY*

11333 N. Scottsdale Rd., Ste. 160, Scottsdale, AZ 85254

**WELLNESS RIDER**

Notwithstanding anything in your **Certificate** to the contrary, it is hereby understood and agreed that **Your Certificate** to which this **Rider** is attached is amended as follows:

## Wellness Benefits

**We** will pay the actual costs incurred for the following wellness benefits **Your Pet** receives from a licensed **Veterinarian**, or are prescribed by a **Veterinarian**, during the **Coverage Period** up to the limit shown in the Wellness Benefit Schedule. Benefits will not exceed the maximum benefits shown below. **Deductible** or **Coinsurance** requirements do not apply to wellness benefits.

### WELLNESS EXAM FEES

**We** will reimburse **You** for the **Expenses** that occur during the **Coverage Period** for physical examination associated with a normal wellness office visit, up to the number of visits as indicated on the **Declarations Page**. This benefit is not subject to any **Deductible** or **Coinsurance**.

This **Rider** does not provide **Coverage** for any **Accident** or **Illness** related office visits or exams, including, but not limited to, consultations, telephone consultations or therapy related visits.

## Wellness Benefit Schedule

| | Max Allowable Limits Schedule A | Max Allowable Limits Schedule B | Max Allowable Limits Schedule C | Max Allowable Limits Schedule D |
|---|---|---|---|---|
| **Rabies Vaccine** | **$15** | **$30** | **$40** | **$50** |
| **Flea/Tick Prevention** | **$25** | **$50** | **$75** | **$100** |
| **Heartworm Prevention** | **$25** | **$50** | **$75** | **$100** |
| **Blood, Fecal, Parasite Test** | **$15** | **$30** | **$40** | **$50** |
| **Preventative Vaccines (as recommended by the ACMA) Limit shown per schedule is the maximum limit for any and all vaccinations, regardless of the number.** | **$30** | **$45** | **$60** | **$75** |
| **Urinalysis or ERD** | **$15** | **$30** | **$40** | **$50** |
| **Heartworm Test or Feline Leukemia (FeLV) Test** | **$15** | **$30** | **$40** | **$50** |
| **Spay/Neuter** | **$25** | **$50** | **$75** | **$100** |
| **Microchip** | **$25** | **$50** | **$75** | **$100** |
| **Office Visit/Exam** | **$25** | **$35** | **$45** | **$55** |

This **Rider** is endorsed and made part of the **Certificate** to which it is attached as of your **Coverage Effective Date**. This **Rider** terminates concurrently with the date **Your Coverage** under the **Certificate** ends.

This **Rider** is subject to all provisions of the **Certificate**, which are not in conflict with the provisions of this **Rider**. Nothing in this **Rider** will be held to vary, alter, waive, or extend any of the terms, conditions, provisions, agreements, or limitations of the **Certificate** other than stated above.

IN WITNESS WHEREOF, the Insurance Company has caused this **Rider** to be signed by its President.

**INDEPENDENCE AMERICAN INSURANCE COMPANY**

President