

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

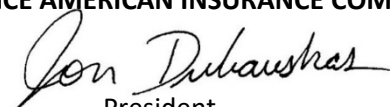
	Max Allowable Limits Schedule A	Max Allowable Limits Schedule B	Max Allowable Limits Schedule C	Max Allowable Limits Schedule D
Rabies Vaccine	\$15	\$30	\$40	\$50
Flea/Tick Prevention	\$25	\$50	\$75	\$100
Heartworm Prevention	\$25	\$50	\$75	\$100
Blood, Fecal, Parasite Test	\$15	\$30	\$40	\$50
Preventative 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