



# wellness benefit endorsement

## Pet Health Insurance Policy

In consideration of the premium charge shown on the Declarations Page, it is hereby agreed and understood that the Pet Health Insurance Policy is amended as follows:

I. The following definitions are added to Section **A. Definitions Used Throughout This Policy:**

**Wellness Service(s)** means a **preventive treatment**, service or procedure provided to **your pet** by a **vet**, or under a **vet's** direct supervision.

**Health Certificate** means federal certification (USDA/APHIS/VS) required for the import and export of live animals or state certification [Certificate of Veterinary Inspection (CVI)] required for interstate transportation of live animals.

II. The following is added to Section **C. INSURED COVERAGES AND BENEFITS**

**WELLNESS BENEFIT**

We will pay, up to the amount listed in the Schedule below, for the Wellness Benefit Level as shown on the Declarations Page, for the actual cost(s) of covered **wellness service(s)** **your pet** receives during the **policy period**.

There is no **co-pay** or **deductible** applied to this coverage.

Schedule

	Wellness Benefit Level		
	Low	Medium	High
Wellness Exam: Two exams per policy period	\$30.00 (\$15.00 maximum per exam)	\$50.00 (\$25.00 maximum per exam)	\$60.00 (\$30.00 maximum per exam)
Rabies Vaccine	\$25.00	\$30.00	\$35.00
DHLPP Vaccine	\$25.00	\$30.00	\$35.00
Bordetella Vaccine – OR – Lyme Disease Vaccine	\$0	\$0	\$35.00
Heartworm Test – OR – FELV Screen	\$25.00	\$30.00	\$35.00
Fecal Exam	\$25.00	\$30.00	\$35.00
Wellness Blood Screen	\$0	\$0	\$35.00
<b>Health Certificate</b>	\$30.00	\$40.00	\$50.00
Microchip	\$25.00	\$35.00	\$45.00
Deworming	\$25.00	\$30.00	\$35.00
Dental prophylaxis (cleaning) – OR – Spay/Neuter	\$0	\$40.00	\$60.00

**You** must, as soon as practicable but no later than ninety (90) days after the end of the **policy period**:

- a. Complete and send to **us** a claim form describing the **wellness service(s)**. This form must list the following information:
  - i. **Your** name;
  - ii. The description of **your pet**;
  - iii. **Your** policy number; and
  - iv. Description of claimed **wellness service(s)**.
- b. Provide **us** with copies of invoices from the treating veterinary facility showing:
  - i. The **wellness service(s)** administered;
  - ii. The fees charged; and
  - iii. Proof of payment (i.e. receipt and/or invoice showing zero balance due);
- d. Provide **us** with copies of invoices and proof of payment for prescribed medications; and
- e. Otherwise cooperate with **us** in the investigation of any claim which may include providing a complete medical history for **your pet**. Failure to comply with these conditions may result in a claim not being covered.

**Markel American Insurance Company**

Glen Allen, Virginia

Administered by Prudent Pet Insurance Agency LLC, Downers Grove, Illinois

For questions concerning this policy, call 888-820-7739



#### EXCLUSIONS APPLYING TO WELLNESS BENEFIT

We will not pay any benefits for any **wellness service(s)** not listed on the above Schedule.

III. For the purpose of the Wellness Benefit Endorsement only, Section **G. EXCLUSIONS**, paragraphs 10., 15., and 16. are replaced by the following:

10. Costs or fees for routine and **preventive treatment**, including but not limited to:

- a. Vaccinations (and vaccine titers and nosodes);
- b. **Preventive** medications (including those for heartworm and flea and tick prevention); or
- c. Routine examinations;

except as otherwise provided in this endorsement;

15. Costs or fees for **treatments** or **preventive treatments** for parasites or conditions related to parasites (internal or external) unless there is no **preventive** medication for the parasite including but not limited to:

- a. Heartworms;
- b. Fleas;
- c. Ticks;
- d. Roundworms;
- e. Tapeworms; or
- f. Hookworms;

except as otherwise provided in this endorsement;

16. Costs or fees for elective or specialty procedures, including but not limited to:

- a. Docking of tails;
  - b. Removal of dewclaws;
  - c. Removal of eyelashes;
  - d. Cropping of ears;
  - e. Spaying or neutering;
  - f. Cosmetic dentistry;
  - g. Elective gastropexy; or
  - h. Routine/preventive anal gland expression;
- except as otherwise provided in this endorsement;

IV. Section **H. GENERAL CONDITIONS**, paragraph 10. is replaced by the following:

#### 10. CHANGING YOUR LEVEL OF COVERAGE

**You** are entitled to apply for a downgrade of **your pet's illness** or **injury** coverage at any time during the **policy period**. If **you** choose to downgrade that level of coverage, then any **injury** or **illness** first diagnosed or treated before the change was made will be subject to the new **maximum annual benefit**.

**You** may apply for an upgrade of **your pet's illness** or **injury** coverage once per **policy period**. Upgrades are subject to re-underwriting. Certain exclusions may be applied. If **you** choose to upgrade that level of coverage, then any **illness** or **injury** **your pet** had, or any **illness** or **injury** that first showed **clinical sign(s)** before the change was made will be subject to the **maximum annual benefit** in place at the time the condition was first diagnosed or showed **clinical sign(s)**. A new Declarations Page or endorsement indicating **your pet's** new level of **illness** or **injury** coverage will be issued on approval. Exclusion(s) already on the policy may carry over. New **deductible** and **co-pay** amounts may apply when **illness** or **injury** coverage is changed.

Any request to change **your pet's illness** or **injury** level of coverage will become effective on the first day of the month following approval.

**You** may apply to discontinue this endorsement or change the Wellness Benefit Level as shown on the Declarations Page only at renewal. The request will become effective on the effective date of the first renewal following the approval.

Any request to change coverage must be made via telephone or in writing.



V. Section **I. OTHER TERMS AND CONDITIONS**, paragraph 6. **CANCELLATION AND NONRENEWAL**, item g. is replaced by the following:

6. **CANCELLATION AND NONRENEWAL**

- g. **We** will automatically renew this policy at expiration, unless the first Named Insured is otherwise notified of nonrenewal. **We** may change the premium, **co-pay** amounts, **deductible(s)**, Wellness Benefit Level and policy terms and conditions at renewal. The first Named Insured will be notified of all changes in writing.

All other terms, conditions and limitations of the policy remain unchanged.

SAMPLE