

***\$200 EMERGENCY CARE CO-PAYMENT RIDER***

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This Rider is issued in conjunction with the Group's Certificate of Coverage Agreement.

All definitions, terms, conditions, exclusions and limitations in the Basic Certificate of Membership and Services shall remain unchanged except as amended by this Rider.

**I. LIMITATIONS**

**1.01 Co-payment: The Member will be responsible for \$200 per visit for covered emergency services. However, if the emergency results in the admission to a Hospital, this co-payment will not be assessed.**