

***\$50.00 PCP OFFICE VISIT/ \$75.00 SPECIALTY, SUBSTANCE ABUSE, MENTAL HEALTH AND URGENT 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 Coverage Agreement shall remain unchanged except as provided in this Rider.

**I. LIMITATIONS**

**1.01 Co-payment:** The Member will be charged a \$50.00 co-payment per office visit for primary care.

**1.02 Co-payment:** The Member will be charged a \$75.00 co-payment per office visit for specialty care, substance abuse, mental health and Urgent Care.