

Optional Endorsement

to

Certificate Form No: MTMRACERT (1/99) 70-50 option

The foregoing certificate form is hereby endorsed as follows provided that this optional endorsement is selected by the certificateholder and applicable premiums are paid.

Schedule of Benefits

A. **COMPREHENSIVE MAJOR MEDICAL EXPENSE PLAN:** The following services and treatments are covered at the benefit levels set forth below subject to the terms, limitations, and exclusions of the Policy.

1. **Individual Annual Deductible and Annual Out-of-Pocket Benefits:**

(a) **Annual Deductible (Per Person):**

* * *

2500 Plan: \$2,500

* * *

(b) **Individual Annual Maximum Out-of-Pocket payout:**

* * *

2500 Plan: \$5,000

* * *

4. **Family Deductible and Out-of-Pocket Benefits:**

* * *

(b) **Annual Family Out-of-Pocket:** The Annual Family Out-of-Pocket amount is:

* * *

2500 Plan: \$10,000

* * *

B. PRESCRIPTION DRUG CARD PLAN:

* * *

Plan I:

1. ~~Deductible Per Person:~~

~~500 Plan: \$75~~
~~1000 Plan: \$100~~

2. ~~Prescription Drug Co Pay: 50%~~

Plan II:

1. ~~Deductible Per Person:~~

~~500 Plan: \$100~~
~~1000 Plan: \$200~~

2. ~~Prescription Drug Co Pay: Generic: 20% or \$10 (whichever is greater)~~
~~Brand: 30% or \$30 (whichever is greater)~~

1. Deductible Per Person (the Prescription Drug Deductible is waived for generic drugs:

2500 Plan: \$250

2. Prescription Drug Co-Pay: Generic: 20% or \$25 (whichever is greater)
Brand: 50% or \$50 (whichever is greater)

3. Annual Prescription Drug Maximum: \$50,000

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