**WELLNESS BENEFIT** (once per calendar year)
Payable for the following wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

- Annual physical exams
- Flexible Sigmoidoscopy
- Mammograms
- PSA Tests
- Pap Smears
- Ultrasounds
- Eye Examinations
- Blood Screening
- Immunizations

**THE AMOUNT PAID WILL BE BASED ON WHEN THE WELLNESS TEST WAS PERFORMED:**

<table>
<thead>
<tr>
<th>Benefit Amount</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First year of certificate</td>
<td>$25</td>
</tr>
<tr>
<td>Second, third and fourth year of certificate</td>
<td>$50</td>
</tr>
<tr>
<td>Fifth year of certificate and thereafter</td>
<td>$75</td>
</tr>
</tbody>
</table>

**EXCLUSIONS**
For a complete list of exclusions and definitions applicable to this coverage, please refer to the Initial Accident Treatment insert.