

WELLNESS AND PREVENTIVE CARE COVERAGE ENDORSEMENT

Owner: [John Doe ]  
Policy Number: [WAG1234567-01 ]  
Pet Name: [Fido ]  
Endorsement Effective Date: [June 1, 2025]

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

This endorsement is attached to and made part of **your policy** as of the endorsement effective date. It is subject to all of the terms, conditions, provisions, limitations and exclusions of the **policy** except as they are expressly modified by this endorsement.

**You** must continue to pay premiums for **your policy** and this endorsement during the **policy period**. Defined terms are in bold typeface in this endorsement. **You** can find their meanings in the Definitions section within this endorsement or in **your policy**.

The **policy** is hereby amended to include Wellness and Preventive Care coverage as provided by this endorsement.

SCHEDULE OF BENEFITS

This section describes the benefits and coverages provided under this endorsement, subject to any terms, conditions, limitations and exclusions described in this **policy** and in any endorsements.

Benefits payable under this endorsement are not subject to any **co-pay** or **deductible** or to the **maximum annual policy coverage**.

**We** will reimburse you for **covered expenses** that **you** incur during the **policy period** up to the lesser of the applicable benefit amount or the amount charged for the covered procedure. **We** will only pay for procedures, provided by a **veterinarian**, that are listed in this Schedule of Benefits. In order to be eligible for reimbursement, these services must be performed by a licensed **Veterinarian** for preventive reasons. If an **injury, accident** or **illness** is the underlying reason **your pet** undergoes one of these services, or if an examination or diagnostic reveals a **medical condition**, the entire visit will be reviewed under the **injury** or **illness** coverage of **your policy**.

**Waiting Period:** [0-30] day[s]. No benefits will be paid during the **waiting period**. **Wellness and Preventive Care Aggregate Limit:** [\$1000.00] per **policy period**.

Benefit Amount: 100% of **covered expenses** incurred up to the following maximum benefit amounts and subject to the **Wellness and Preventive Care Aggregate Limit**:

Wellness and Preventive Care Benefits

Microchipping	[N/A \$500.00] payable once during the covered <b>pet's</b> lifetime.
Wearable Pet Activity Tracker	[N/A – \$500.00] payable once during the covered <b>pet's</b> lifetime.
Spay/Neuter, and/or Dental Cleaning	[N/A – \$500.00] per <b>policy period</b> .
Annual Wellness Exam	[N/A – \$500.00] per <b>policy period</b> .
Behavioral Exam	[N/A – \$500.00] per <b>policy period</b> .
Heartworm/Flea & Tick Prevention	[N/A – \$500.00] per <b>policy period</b> .
Health Certificate	[N/A – \$500.00] per <b>policy period</b> .

Canine Heartworm or Feline FELV Test	[N/A – \$500.00] per <b>policy period</b> .
Urinalysis	[N/A – \$500.00] per <b>policy period</b> .
Blood Test	[N/A – \$500.00] per <b>policy period</b> .
Fecal Test	[N/A – \$500.00] per <b>policy period</b> .
Anal Gland Expression	[N/A – \$500.00] per <b>policy period</b> .
Canine Bordetella or Feline FELV vaccine	[N/A – \$500.00] per <b>policy period</b> .
Canine DHLPP or Feline FVRCP	[N/A – \$500.00] per <b>policy period</b> .
Canine Rabies or Feline Rabies	[N/A – \$500.00] per <b>policy period</b> .
Canine Lyme or Feline FIP	[N/A – \$500.00] per <b>policy period</b> .

#### GENERAL CONDITIONS

Endorsement Changes: **You** may change the endorsement coverage by selecting a different option at renewal.

Endorsement Cancellation: **You** may cancel **your** endorsement coverage at any time.

If **Wellness and Preventive Care Benefits** were paid during **your policy period**, this Wellness and Preventive Care Coverage Endorsement is not eligible to be removed until **your** next renewal term.

#### EXCLUSIONS

Section V. General Exclusions “a”, “b”, “q”, “aa”, and “bb” do not apply to coverage specifically provided under this endorsement. This may not be an exhaustive list. **Your** Wellness benefits and scheduled limit are listed on **your** endorsement.

#### DEFINITIONS

As used in this endorsement, “**you**” and “**your**” refer to the Owner. “**we**” and “**us**” refer to the Company and our **Administrator**. Capitalized and bolded words and terms used in this endorsement have the meanings set forth below.

1. The following definitions in Section I of the **policy** are deleted and replaced by the following definitions only with respect to the coverage provided by this endorsement:

<b>Medically Necessary</b>	means medical services, supplies or care provided to <b>your pet</b> that are required to diagnose or treat symptoms and are accepted as good veterinary practice standards.
<b>Pet</b>	means the covered animal listed on this endorsement.
<b>Treatment</b>	means any <b>Wellness or Preventative Care Benefits</b> . This includes, but is not limited to treatment, services or procedures for general health maintenance of <b>your pet</b> provided or prescribed by a <b>veterinarian</b> .
<b>Veterinarian</b>	a U.S. or Canadian licensed <b>veterinarian</b> , veterinary technician, or assistant under the <b>veterinarian’s</b> direct supervision.
<b>Waiting Period</b>	means the number of days shown in the Schedule of Benefits that must pass after the endorsement effective date before coverage begins. No benefits will be paid during the <b>waiting period</b> . The <b>waiting period</b> does not apply to a <b>pet</b> in any subsequent renewal of this endorsement.

2. Section I of the **policy** is amended to add the following definitions with respect to the coverage provided by this endorsement:

**Wellness and Preventive  
Care Benefits**

means those benefits listed in the Schedule of Benefits of this endorsement that display a benefit amount.

**Wellness and Preventive Care  
Aggregate Limit**

means the maximum amount **we** will pay for all benefits provided by this endorsement during the **policy period**.

**Wellness Exam**

A routine health check performed by a **veterinarian** to assess **your pets** overall health and update preventive care and vaccinations, for the purpose of preventing **illness or injury**.

**Administrator**

means the company administering the **policy**.

**Covered Expenses**

means the actual costs **you** have paid out of pocket that are not covered by any other insurance or benefit program for the **treatment of your pet**.

All other terms and conditions remain the same.