



## GoTime

### SCHEDULE OF BENEFITS

All benefits shown below are in United States dollar amounts. Unless otherwise stated, all benefits are per person, per period of coverage, and they are provided up to the amount shown.

ELIGIBLE MEDICAL EXPENSES		AGES	LIMIT
MAXIMUM BENEFIT (per certificate period)		Age 14 days - 64	<b>Options:</b> 50K, \$100K, \$250K, \$500K, or \$1M
		Age 65 - 69	<b>Options:</b> \$50K or \$100K
		Age 70 - 79	<b>Options:</b> \$50K or \$100K
		Age 80 and older	\$10K
DEDUCTIBLES, CO-PAYS, COINSURANCE			LIMIT
DEDUCTIBLE (per person, per certificate period)			<b>Options:</b> \$0, \$100, \$250, \$500, \$1K, or \$2.5K
VIRTUAL MEDICINE CONSULTATION			<b>US Incoming:</b> \$10 Co-pay (waived w/\$0 Deductible)   <b>US Outgoing:</b> <i>Not Available</i>
PHYSICIAN OFFICE VISIT			<b>US Incoming:</b> \$20 Co-pay (waived w/\$0 Deductible)   <b>US Outgoing:</b> No Co-pay
URGENT CARE CLINIC			<b>US Incoming:</b> \$25 Co-pay (waived w/\$0 Deductible)   <b>US Outgoing:</b> No Co-pay
WALK-IN CLINIC			<b>US Incoming:</b> \$15 Co-pay (waived w/\$0 Deductible)   <b>US Outgoing:</b> No Co-pay
EMERGENCY EYE EXAM			\$50 Co-pay
EMERGENCY ROOM - ILLNESS (treatment beginning before or after 24 hours, not admitted)			<b>US Incoming:</b> \$350 Co-pay   <b>US Outgoing:</b> No Co-pay
EMERGENCY ROOM - INJURY			No Co-pay or Coinsurance
COINSURANCE - IN US, IN NETWORK			100% of Network-discounted charges
COINSURANCE - IN US, OUT OF NETWORK			100% of URC (Usual, Reasonable and Customary charges)
COINSURANCE - OUTSIDE OF US			100% of URC (Usual, Reasonable and Customary charges)
OUTPATIENT PRESCRIPTION DRUGS			<b>US Incoming:</b> \$30 Co-pay, 90% Coins.   <b>US Outgoing:</b> 100%
PRE-EXISTING CONDITIONS		AGES	LIMIT
ACUTE ONSET OF PRE-EXISTING CONDITIONS - US INCOMING		Waiting Period	48 Hours
		Age 14 days - 69	<b>Eligible Medical Expenses:</b> Maximum Benefit selected; <b>Eligible Emergency Medical Evacuation Expenses:</b> \$25K
		Age 70 and older	<i>No Benefit</i>
ACUTE ONSET OF PRE-EXISTING CONDITIONS - US OUTGOING		Waiting Period	48 Hours
		Age 14 days - 64 (w/Primary Insurance)	<b>Eligible Medical Expenses:</b> Maximum Benefit selected or \$1M (whichever is less); <b>Eligible Emergency Medical Evacuation Expenses:</b> \$25K
		Age 14 days - 64 (w/o Primary Insurance)	<b>Eligible Medical Expenses &amp; Emergency Medical Evacuation Expenses combined:</b> \$20K
		Age 65 - 69	<b>Eligible Medical Expenses only:</b> \$2.5K
		Age 70 and older	<i>No Benefit</i>
PROFESSIONAL SERVICES			LIMIT
PHYSICIAN HOSPITAL VISITS/SERVICES			100%
PHYSICAL THERAPY / CHIROPRACTOR			\$50 Co-pay per visit (maximum of 10 visits)
SURGEON / ANESTHESIOLOGIST / ANESTHESIA			100%
ASSISTANT SURGEON			20% (of covered surgeon fees)

OTHER INPATIENT & OUTPATIENT SERVICES		LIMIT	
OUTPATIENT FACILITY		100%	
HOSPITAL ROOM AND BOARD (including nursing, miscellaneous and ancillary services)		100% (subject to average semi-private room rate)	
ICU		100%	
OPERATING ROOM, TREATMENT ROOM, RECOVERY ROOM		100%	
OUTPATIENT LAB		100%	
OUTPATIENT RADIOLOGY/X-RAYS		100%	
DURABLE MEDICAL EQUIPMENT		100% (includes standard wheelchair and standard hospital bed only)	
RECONSTRUCTIVE SURGERY (if incidental to or following a covered surgery)		100%	
CHEMOTHERAPY / RADIATION THERAPY		100%	
PRE-ADMISSION TESTING		100%	
EXTENDED CARE FACILITY		100%	
HOME NURSING		100%	
HOSPICE CARE		100% (in lieu of Inpatient)	
DENTAL TREATMENT AND VISION CARE		LIMIT	
ACUTE ONSET OF DENTAL PAIN		Maximum of \$100 (palliative care only)	
DENTAL TREATMENT IN OFFICE (following a covered accident)		Maximum of \$100 per tooth, \$300 total (per Certificate Period)	
TRAUMATIC DENTAL IN HOSPITAL (following a covered accident)		100%	
EMERGENCY EYE EXAM		Maximum of \$150 (Co-pay applies)	
TRANSPORTATION	AGES	LIMIT	
EMERGENCY MEDICAL EVACUATION	Age 14 days - 64	Maximum Benefit selected or \$500K (whichever is less)	
	Age 65 - 69	Maximum Benefit selected	
	Age 70 - 79	US Incoming: \$50K	US Outgoing: <i>No Benefit</i>
	Age 80 and older	<i>No Benefit</i>	
LOCAL AMBULANCE - INJURY		100% (subject to Deductible, Coinsurance and Maximum Benefit)	
LOCAL AMBULANCE - ILLNESS, IF ADMITTED		100% (subject to Deductible, Coinsurance and Maximum Benefit)	
LOCAL AMBULANCE - ILLNESS, NOT ADMITTED		<i>No Benefit</i>	
INTERFACILITY AMBULANCE TRANSFER		100%	
OTHER EMERGENCY TRAVEL BENEFITS		LIMIT	
PERSONAL PROPERTY - LOST CHECKED LUGGAGE		\$50 any one item (maximum of \$250)	
INCIDENTAL TRIP HOME		15 days total (per 90 days of coverage. US coverage limited to \$5K)	
TRIP INTERRUPTION		\$5K	
BEDSIDE VISIT		\$1.5K	
HOSPITAL INDEMNITY		\$100 per night (maximum of 10 nights)	
EMERGENCY REUNION		\$50K (maximum of 15 days)	
RETURN MINOR CHILD(REN)		\$50K	
NATURAL DISASTER ACCOMMODATIONS		\$250 per day (maximum of 5 days)	
NATURAL DISASTER EVACUATION		<i>No Benefit</i>	
POLITICAL EVACUATION AND REPATRIATION		\$10K	
PET TRANSPORTATION		\$1K	
ACCIDENTAL DEATH & DISMEMBERMENT		\$25K / \$250K Family Maximum	
COMMON CARRIER ACCIDENTAL DEATH		\$25K / \$250K Family Maximum	
REPATRIATION OF MORTAL REMAINS		\$100K	
LOCAL BURIAL/CREMATION (in lieu of Repatriation of Mortal Remains)		\$5K	
PERSONAL LIABILITY		LIMIT	
COMBINED SINGLE LIMIT		\$25K	

## OPTIONAL ADD-ONS

PERSONAL EQUIPMENT		LIMIT
COVERED SPORTS EQUIPMENT		\$1K
COVERED PHOTOGRAPHY EQUIPMENT		\$1K
COVERED ELECTRONICS		\$500
ADVENTURE SPORTS		LIMIT
Includes Eligible Medical and Eligible Transportation Expenses	Age 14 days - 50	\$50K
	Age 50 - 59	\$25K
	Age 60 - 64	10K
	Age 65 and older	<i>No Benefit</i>
MARINE ACTIVITIES		LIMIT
COVERED WATER SPORTS Includes Eligible Medical Expenses and Eligible Transportation Expenses	Age 14 days - 50	\$100K
	Age 50 - 64	\$50K
	Age 65 - 69	10K
	Age 70 and older	<i>No Benefit</i>
COVERED SCUBA EQUIPMENT		\$2K