

## 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
<b>MAXIMUM BENEFIT</b> (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
	Age 80 and older	US Outgoing: <i>No Benefit</i> <i>No Benefit</i>

## LOCAL AMBULANCE - INJURY

## LOCAL AMBULANCE - ILLNESS, IF ADMITTED

## LOCAL AMBULANCE - ILLNESS, NOT ADMITTED

## INTERFACILITY AMBULANCE TRANSFER

## 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		
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		
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