



## PrimeTime

### 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> \$500K, \$1M, or \$2M	
	Age 65 - 69	<b>Options:</b> \$500K, \$1M, or \$2M	
	Age 70 - 79	<b>US Incoming:</b> \$50K	<b>US Outgoing:</b> \$100K
	Age 80 and older	\$10K	
DEDUCTIBLES, CO-PAYS, COINSURANCE		LIMIT	
<b>DEDUCTIBLE</b> (per person, per certificate period)		<b>Options:</b> \$0, \$100, \$250, \$500, \$1K, \$2.5K, or \$5K	
<b>VIRTUAL MEDICINE CONSULTATION</b>		<b>US Incoming:</b> No Co-pay	<b>US Outgoing:</b> <i>Not Available</i>
<b>PHYSICIAN OFFICE VISIT</b>		<b>US Incoming:</b> \$20 Co-pay (waived w/\$0 Deductible)	<b>US Outgoing:</b> No Co-pay
<b>URGENT CARE CLINIC</b>		<b>US Incoming:</b> \$25 Co-pay (waived w/\$0 Deductible)	<b>US Outgoing:</b> No Co-pay
<b>WALK-IN CLINIC</b>		<b>US Incoming:</b> \$15 Co-pay (waived w/\$0 Deductible)	<b>US Outgoing:</b> No Co-pay
<b>EMERGENCY EYE EXAM</b>		\$50 Co-pay	
<b>EMERGENCY ROOM - ILLNESS</b> (treatment beginning before or after 24 hours, not admitted)		<b>US Incoming:</b> \$350 Co-pay	<b>US Outgoing:</b> No Co-pay
<b>EMERGENCY ROOM - INJURY</b>		No Co-pay or Coinsurance	
<b>COINSURANCE - IN US, IN NETWORK</b>		100% of Network-discounted charges	
<b>COINSURANCE - IN US, OUT OF NETWORK</b>		100% of URC (Usual, Reasonable and Customary charges)	
<b>COINSURANCE - OUTSIDE OF US</b>		100% of URC (Usual, Reasonable and Customary charges)	
<b>OUTPATIENT PRESCRIPTION DRUGS</b>		100%	
PRE-EXISTING CONDITIONS	AGES	LIMIT	
<b>ACUTE ONSET OF PRE-EXISTING CONDITIONS - US INCOMING</b>	Waiting Period	48 Hours	
	Age 14 days - 69	<b>Eligible Medical Expenses:</b> Maximum Benefit selected or \$1M (whichever is less); <b>Eligible Emergency Medical Evacuation Expenses:</b> \$25K	
	Age 70 and older	\$10K	
<b>ACUTE ONSET OF PRE-EXISTING CONDITIONS - US OUTGOING</b>	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> \$2,500	
	Age 70 and older	<i>No Benefit</i>	
PROFESSIONAL SERVICES		LIMIT	
<b>PHYSICIAN HOSPITAL VISITS/SERVICES</b>		100%	
<b>PHYSICAL THERAPY / CHIROPRACTOR</b>		\$50 Co-pay per visit (maximum of 10 visits)	
<b>SURGEON / ANESTHESIOLOGIST / ANESTHESIA</b>		100%	
<b>ASSISTANT SURGEON</b>		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 \$300 (palliative care only)
DENTAL TREATMENT IN OFFICE (following a covered accident)		Maximum of \$300
TRAUMATIC DENTAL TREATMENT (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 \$1M (whichever is less)
	Age 65 - 69	Maximum Benefit selected or \$1M (whichever is less)
	Age 70 - 79	Maximum Benefit selected
	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, IF 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 \$500)
INCIDENTAL TRIP(S) HOME		15 days total (per 90 days of coverage. US coverage limited to \$5K)
TRIP INTERRUPTION		\$10K
BEDSIDE VISIT		\$1.5K
HOSPITAL INDEMNITY		\$200 per night (maximum of 10 nights)
EMERGENCY REUNION		\$100K (maximum of 15 days)
RETURN OF MINOR CHILD(REN)		\$100K
NATURAL DISASTER ACCOMMODATIONS		\$500 per day (maximum of 5 days)
NATURAL DISASTER EVACUATION		\$25K
POLITICAL EVACUATION AND REPATRIATION		\$100K
PET TRANSPORTATION		\$1K
ACCIDENTAL DEATH & DISMEMBERMENT		\$50K / \$250K Family Maximum
COMMON CARRIER ACCIDENTAL DEATH		\$50K / \$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		\$50K

## 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