

- sending the body home;
- 2) Transportation of the body from the site of death to the sending funeral home and then to the airport;
- 3) Minimally necessary casket or air tray for transport;
- 4) Coordination of consular services (in the case of death overseas);
- 5) Procuring death certificates (maximum of three (3)); and
- 6) Transport of the remains from the airport to the receiving funeral home.

Other services that might be performed in conjunction with those listed above include: making travel arrangements for any traveling companions; identification and/or notification of next of kin.

The services below are subject to certain sub-limits:

Transportation of a Traveling Companion: If YOU or YOUR TRAVELING COMPANION are traveling Away from Home and YOU or YOUR TRAVELING COMPANION require a “Medical Emergency Evacuation”, “Medically Necessary Repatriation” or “Repatriation of Mortal Remains” as outlined above, GETS will arrange and pay for one (1) “one-way” economy class ticket to return YOU or YOUR TRAVELING COMPANION Home up to a maximum of \$5,000.

4. Return of Dependent Children:

If YOU are hospitalized or expected to be hospitalized for more than seven (7) days and YOU are traveling with YOUR DEPENDENT Children or Grandchildren who are under nineteen (19) years of age and are left unattended as the result of YOUR INJURY or ILLNESS, GETS will arrange and pay for the return of YOUR minor children or grandchildren to their home, and if necessary, accompany them with an traveling attendant up to a maximum of \$5,000.

PROGRAM DEFINITIONS

The following definitions apply:

“Coverage” means the period of time for which YOU are validly enrolled for GETS and for whom WE have received the appropriate enrollment fee.

“Dependent” means the MEMBER’s spouse (to include legally recognized domestic partner), unless they are legally separated; the MEMBER’s unmarried children from birth and under age 19; or under age 23, if enrolled as a full-time student in an accredited college, university, vocational or technical school; and children whose support is required by a court decree. Children include natural children, stepchildren, legally adopted children and grandchildren. With the exception of grandchildren, all children must be primarily dependent on the MEMBER for support and

maintenance and must live in a parent-child relationship with the MEMBER. Family coverage includes any and all legal dependents of the MEMBER at the time of service.

“Home” shall mean your PERMANENT PRIMARY RESIDENCE.

“Illness” means a sudden and unexpected sickness that manifests itself during YOUR Coverage Period.

“Injury” means an identifiable accidental injury caused by a sudden, unexpected, unusual, specific event that occurs during YOUR Coverage Period.

“Permanent Primary Residence” means where YOU have YOUR true, fixed and permanent home and principal establishment.

“Pet” shall mean any domestic animal under 150 pounds that is a member of one of the following species and is kept for pleasure and companionship rather than utility: cat; chinchilla; cockatiels; dog; ferret; gerbil; guinea pig; hamster; mouse; parakeets; rat; or reptile. A Reptile shall not mean (1) any reptile on the Federal Endangered or Threatened Species list or on the Convention on International Trade in Endangered Species List; (2) Any venomous reptile, including front- or rear-fanged reptiles; (3) Any python of a species which naturally exceeds twelve feet in length; (4) All crocodylians, including alligators, caimans, and crocodiles; (5) Monitor lizards; (6) Anacondas; (7) Any reptile of a species native to India; or (8) Any reptile protected by state or federal law.

“Physician” means any physician retained by GETS to provide US with consultative and advisory services, including the review and analysis of the quality of medical care YOU are receiving.

“Traveling Away From Home” means being on a vacation or business trip 100 miles or more away from YOUR PERMANENT PRIMARY RESIDENCE (by car, plane, or other mode of travel), with a maximum trip duration of 90 days.

“Traveling Companion” shall mean Your Dependent or friend who has accompanied YOU on YOUR trip and are utilizing the same accommodations.

“Vehicle” shall mean a motor vehicle that is; 1) registered with the Bureau of Motor Vehicles in the state of YOUR PERMANENT PRIMARY RESIDENCE and; 2) has been appropriately titled in YOUR name and; 3) has been issued a license plate with the classification of a non-commercial: recreational vehicle, automobile, truck, motorcycle or trailer.

“YOU”, “YOUR” and “MEMBER” means a person validly enrolled for this program and for whom WE have

received the appropriate enrollment fee.

CONDITIONS AND LIMITATIONS

The services described are available to YOU only during YOUR Coverage Period and medical assistance services are available only when YOU are Traveling Away From Home.

Expenses for the WHILE YOU ARE AWAY BENEFITS will only be covered if WE have given OUR prior approval or if those services are coordinated by US.

GETS has sole discretion in making the coverage determination for your TRANSPORTATION AFTER STABILIZATION. OUR determination will be based on YOUR medical inability to return in YOUR vehicle or previously booked transportation. WE will not return YOU to YOUR PERMANENT PRIMARY RESIDENCE for the sole sake of YOUR convenience. In the event WE are arranging transportation by commercial air under the EMERGENCY MEDICAL EVACUATION benefit, and YOU hold an original return airline ticket, WE may use that ticket and are only responsible for any applicable change fees. GETS has sole discretion in making the determination as to whether WE will cover the cost of EMERGENCY MEDICAL EVACUATIONS and RV/VEHICLE RETURNS. OUR decision will be based on medical considerations, including the recommendations of the treating physicians, OUR ASSISTANCE COMPANY PHYSICIANS and OUR Medical Director with respect to YOUR condition and ability to travel. WE will determine the appropriate method, destination, and timing of any evacuation. The destination will be the nearest facility capable of providing appropriate care as determined by US.

WE will only direct-pay any transportation costs under the EMERGENCY MEDICAL EVACUATION and RETURN OF MORTAL REMAINS to the transportation providers, unless otherwise approved by US in advance.

WE are not responsible for the availability, quality, results of, or failure to provide any medical, legal or other care or service caused by conditions beyond OUR control. This includes YOUR failure to obtain care or service or where the rendering of such care or service is prohibited by U.S. law, local laws, or regulatory agencies.

YOUR legal representative shall have the right to act for YOU and on YOUR behalf if YOU are incapacitated or deceased. All legal actions arising under this Agreement shall be barred unless written notice thereof is received by US within one (1) year from the date of the event giving rise to such legal action. MEMBER may be required to release US or any health care provider from liability during emergency evacuation and/or repatriation.

Without limiting the foregoing, OUR actions and obligations

under this Agreement are ministerial in nature, and all medical care is provided by medical professionals ultimately selected by a MEMBER and in no event is this the responsibility of GETS. GETS is not liable for any malpractice performed by a local doctor, healthcare provider, or attorney. GETS retains the medical discretion to limit one Medically Necessary Evacuation and/or Medically Necessary Repatriation attributable to any single medical condition of the MEMBER.

PROGRAM COSTS

Once enrolled in this program, YOU cannot be singled out for fee increase nor can YOUR benefits be changed, unless the program costs or benefits are changed for all MEMBERS of the group. If rates and benefits are changed for the group, individual participant rates will only change upon YOUR renewal date and with proper notification. Annual program rates are earned as paid after the initial money back review period and YOUR program costs are guaranteed for the remaining annual period.

EXPENSES NOT COVERED

WE shall not be responsible for any costs or expenses arising from:

1. Hospital or medical expenses of any kind or nature;
2. Travel arrangements that were neither coordinated by nor approved by US in advance;
3. Anyone traveling against the advice of a physician, traveling with a life-threatening illness, chronic medical condition, traveling for the purpose of obtaining medical treatment or elective surgery;
4. Suicide, attempted suicide, or willful self-inflicted injury;
5. Taking part in military or police service operations or traveling in a country in which the U.S. State Department has issued travel restrictions;
6. The commission of, or attempt to commit, an unlawful act;
7. Injury or illness caused by or contributed to by use of drugs or alcohol;
8. Pregnancies, SkyMed does not provide services for complications due to pregnancy;
9. Mountaineering or rock climbing necessitating the use of guides or ropes, spelunking, skydiving, parachuting, ballooning, hang gliding, deep sea diving utilizing hard helmet with air hose attachment, flying in an experimental aircraft, racing of any kind other than on foot, bungee jumping, operating a vehicle when not

