GeoBlue Xplorer® Premier Benefit Schedule

GeoBlue Xplorer Premier has three tiers of coinsurance: 100% outside the U.S.; 80% in-network inside the U.S.; 60% out-of-network inside the U.S. All plans have an unlimited lifetime maximum and a $250,000 maximum benefit for emergency medical evacuation. The Out-of-Pocket Maximum is calculated by adding the deductible and coinsurance maximum together.

Benefits	Outside U.S.	U.S. (In Network)	U.S. (Outside Network)
Primary and Preventive Care – Insurer Waives Deductible			
Primary Care Office Visits	All except a $10 copay per visit[1]	All except a $30 copay per visit	60% to Coinsurance Maximum then 100%
Preventive Care for Babies/Children: (Birth through Age 18) for Office Visits/Examination and Immunizations, Lab work & X-rays done in conjunction with an office visit	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Preventive Care For Adults: (Age 19 and Older) for Office Visits/examination, Immunizations as recommended by the Center for Disease Control (CDC), Routine Pap Smears, Annual Mammogram, PSA For Men, and Diagnostic lab work & X-rays done in conjunction with an office visit	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Annual Physical Examination/Health Screening, Subject to a Calendar Year Maximum of $1,000 and limited to one per Calendar Year	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Urgent Care Facility	100%	All except a $75 copay per visit	60% to Coinsurance Maximum then 100%
Travel Vaccinations, Subject to a $500 Maximum per Calendar Year	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Professional Services – Insurer Pays After Deductible is Met			
Surgery, Anesthesia, Radiation Therapy, In-hospital Doctor Visits, Diagnostic X-ray and Lab Work	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Inpatient Hospital Services - Insurer Pays After Deductible is Met			
Surgery, X-rays, In-hospital Doctor Visits, Organ/Tissue Transplant	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Inpatient Medical Emergency	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Inpatient Drugs	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Ambulatory and Therapeutic Services – Insurer Pays After Deductible is Met, Unless Noted			
Ambulatory Surgical Center	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Ambulance Service	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Accidental Dental	$1,000 per calendar year, $200 per tooth	$1,000 per calendar year, $200 per tooth	$1,000 per calendar year, $200 per tooth
Acupuncture and Chiropractic Services, Subject to a $2,000 Maximum per Calendar Year if under the care of a licensed Physician	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Durable Medical Equipment	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Infusion Therapy	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Physical/Occupational Therapy, Limited to 12 visits per Calendar Year	100%, no deductible	100%, no deductible	100%, no deductible
Inpatient Mental Health	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Outpatient Mental Health	100%, no deductible, $10 Copayment[1]	100%, no deductible, $30 Copayment	60% to Coinsurance Maximum then 100%, no deductible
Inpatient Substance Abuse	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Outpatient Substance Abuse	100%, no deductible, $10 Copayment[1]	100%, no deductible, $30 Copayment	60% to Coinsurance Maximum then 100% , no deductible
Prescription Drug Benefit Options – Insurer Waives Deductible			
Basic Prescription Drug Benefit, Subject to $2,500 Maximum per Insured Person per Calendar Year (Max 90-day supply)	100% of actual charges	100% of actual charges	100% of actual charges
Optional Rider, Subject to $25,000 Maximum per Insured Person per Calendar Year, Max 90-day supply	100% of actual charges	Generics: 100% after $10 copay per 30-day supply Brand name: 100% after $10 copay per 30-day supply Injectables: 70%	Generics: 100% after $10 copay per 30-day supply Brand name: 100% after $10 copay per 30-day supply Injectables: 70%
Global Travel Benefits – Insurer Waives Deductible			
Emergency Medical Transportation	Up to $250,000	n/a	n/a
Repatriation of Mortal Remains	Up to $25,000	n/a	n/a
Accidental Death and Dismemberment	$50,000	$50,000	$50,000

Other Benefits - Insurer Pays After Deductible is Met			
Home Health Care, Subject to a maximum of 30 visits per Calendar Year	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Skilled Nursing Facilities, Subject to a maximum of $250 per day for a maximum of 50 days per Calendar Year	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Hospice, Subject to a maximum of $5,000 per lifetime	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%

See other side for GeoBlue Xplorer Essential Benefit Schedule. This is intended to be a sample benefit schedule. Changes may occur to benefits, rates and terms annually.

1. Copay waived when visiting a GeoBlue® contracted provider outside the U.S.

GeoBlue Xplorer® Essential Benefit Schedule

GeoBlue Xplorer Essential covers most services outside the U.S. at 100%. All plans have an unlimited lifetime maximum and a $250,000 maximum benefit for emergency medical evacuation.

Benefits	Outside U.S. Only
Primary and Preventive Care – Insurer Waives Deductible	
Primary Care Office Visits	All except a $10 copay per visit[1]
Preventive Care for Babies/Children: (Birth through Age 18) for Office Visits/Examination and Immunizations, Lab work & X-rays done in conjunction with an office visit	100%
Preventive Care For Adults: (Age 19 and Older) for Office Visits/examination, Immunizations as recommended by the Center for Disease Control (CDC), Routine Pap Smears, Annual Mammogram, PSA For Men, and Diagnostic lab work & X-rays done in conjunction with an office visit	100%
Annual Physical Examination/Health Screening, Subject to a Calendar Year Maximum of $1,000 and limited to one per Calendar Year	100%
Travel Vaccinations, Subject to a $500 Maximum per Calendar Year	100%
Professional Services – Insurer Pays After Deductible is Met	
Surgery, Anesthesia, Radiation Therapy, In-hospital Doctor Visits, Diagnostic X-ray and Lab Work	100%
Inpatient Hospital Services – Insurer Pays After Deductible is Met	
Surgery, X-rays, In-hospital Doctor Visits, Organ/Tissue Transplant	100%
Inpatient Medical Emergency	100%
Inpatient Drugs	100%
Ambulatory and Therapeutic Services – Insurer Pays After Deductible is Met, Unless Noted	
Ambulatory Surgical Center	100%
Ambulance Service	100%
Accidental Dental	$1,000 per calendar year, $200 per tooth
Acupuncture and Chiropractic Services, Subject to a $2,000 Maximum per Calendar Year if under the care of a licensed Physician	100%
Durable Medical Equipment	100%
Infusion Therapy	100%
Physical/Occupational Therapy, Limited to 12 visits per Calendar Year	100%, no deductible
Inpatient Mental Health	100%
Outpatient Mental Health	100%, no deductible, $10 Copayment[1]
Inpatient Substance Abuse	100%
Outpatient Substance Abuse	100%, no deductible, $10 Copayment[1]
Prescription Drug Benefit Options – Insurer Waives Deductible	
Basic Prescription Drug Benefit, Subject to $2,500 Maximum per Insured Person per Calendar Year (pay and claim benefit only)	100% of actual charges
Optional Enhanced Prescription Drug Rider, Subject to $25,000 Maximum per Insured Person per Calendar Year	100% of actual charges
Global Travel Benefits – Insurer Waives Deductible	
Emergency Medical Transportation	Up to $250,000
Repatriation of Mortal Remains	Up to $25,000
Accidental Death and Dismemberment	$50,000
Other Benefits	
Home Health Care, Subject to a maximum of 30 visits per Calendar Year	100%
Skilled Nursing Facilities, Subject to a maximum of $250 per day for a maximum of 50 days per Calendar Year	100%
Hospice, Subject to a maximum of $5,000 per lifetime	100%

Optional Basic U.S. Benefits - Deductible Applies[2]	Inside U.S. Only
Basic travel accident and sickness coverage inside the U.S. for short trips to the U.S. Covers incidental illness and injury. Not designed to cover preventive, elective care or extended stays in the U.S.	100%, 80%, or 60% (depending upon services received) of actual charges up to $1,000,000 / $500 maximum for pre-existing medical conditions

See other side for GeoBlue Xplorer Premier Benefit Schedule. This is intended to be a sample benefit schedule. Changes may occur to benefits, rates and terms annually.

1. Copay waived when visiting a GeoBlue contracted provider outside the U.S.
2. Separate definitions, terms and exclusions apply to this rider. See full plan description online for details.

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