

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. Please refer to the chart on page 3 of the Brochure.

Benefits	Outside U.S.	U.S. (In-Network)	U.S. (Outside Network)
Preventive and Office Visits – Insurer Waives Deductible			
Physician Office Visits (Adult)	All except a \$10 copay per visit	All except a \$30 copay per visit	60% to Out-of-Pocket Maximum then 100%
Physician Office Visits (Children 0-18)	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Unlimited Well Baby Visits	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Child Immunizations, Lab and X-rays	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Women: (19 and Older) Routine Pap Smears, Annual Mammogram	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
PSA for Men	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
One Routine Physical Per Year	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket 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 Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket 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 Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Inpatient Medical Emergency	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Inpatient Drugs	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Ambulatory and Therapeutic Services – Insurer Pays After Deductible is Met			
Ambulatory Surgical Center	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Ambulance Service	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Accidental Dental	\$1,000 per year, \$200 per tooth	\$1,000 per year, \$200 per tooth	\$1,000 per year, \$200 per tooth
Acupuncture and Chiropractic Services	100% up to \$2,000	80% up to \$2,000	60% up to \$2,000
Durable Medical Equipment	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Infusion Therapy	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Physical/Occupational Therapy*	\$30/visit, 12 visits per year	\$30/visit, 12 visits per year	\$30/visit, 12 visits per year
Inpatient Mental Health	100% up to 60 days	80% up to 60 days	60% up to 60 days
Outpatient Mental Health	75% up to 40 visits/60% thereafter	75% up to 40 visits/60% thereafter	75% up to 40 visits/60% thereafter
Inpatient Substance Abuse	100% up to 60 days detox	80% up to 60 days detox	60% up to 60 days detox
Outpatient Substance Abuse	75% up to 40 visits/60% thereafter	75% up to 40 visits/60% thereafter	75% up to 40 visits/60% thereafter
Prescription Drug Benefit Options – Insurer Waives Deductible			
Basic Prescription Drug Benefit	100% of actual charges up to \$500	\$0	\$0
Optional rider, subject to \$25,000 Maximum Benefit per Insured Person per Policy Period.	100% of actual charges	Generics: 100% after \$10 copay Brand-name: 100% after \$25 copay Injectables: 70%	Generics: 100% after \$10 copay Brandname: 100% after \$25 copay Injectables: 70%
Global Travel Benefits – Insurer Waives Deductible			
Medical Evacuation	Up to \$250,000	n/a	n/a
Repatriation of Remains	Up to \$25,000	n/a	n/a
Accidental Death and Dismemberment	\$50,000	\$50,000	\$50,000
Other Benefits		Limits	
Home Health Care		100% Covered Expenses, as many as 30 visits per year	
Skilled Nursing Facilities		100% with a maximum Covered Expense of \$250 per day, as many as 50 days per year	
Hospice		100% with a maximum Covered Expense of \$5,000 per lifetime	

See other side for GeoBlue Xplorer Essential Benefit Schedule. This is intended to be a sample benefit schedule. Certain benefit levels may vary by state.

* Deductible is waived for this benefit.

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
Preventive and Office Visits – Insurer Waives Deductible	
Physician Office Visits (Adult)	All except a \$10 copay per visit
Physician Office Visits (Children 0-18)	100%
Unlimited Well Baby Visits	100%
Child Immunizations, Lab and X-rays	100%
Women (19 and Older) Routine Pap Smears, Annual Mammogram	100%
PSA for Men	100%
One Routine Physical Per 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	
Ambulatory Surgical Center	100%
Ambulance Service	100%
Accidental Dental	\$1,000 per year, \$200 per tooth
Acupuncture and Chiropractic Services	100% up to \$2,000
Durable Medical Equipment	100%
Infusion Therapy	100%
Physical/Occupational Therapy*	\$30/visit, 12 visits per year
Inpatient Mental Health	100% up to 60 days
Outpatient Mental Health	75% up to 40 visits/60% thereafter
Inpatient Substance Abuse	100% up to 60 days detox
Outpatient Substance Abuse	75% up to 40 visits/60% thereafter
Prescription Drug Benefit Options – Insurer Waives Deductible	
Basic Prescription Drug Benefit	100% of actual charges up to \$500
Optional Rider, subject to \$25,000 maximum per Insured Person per Policy Period.	Maximum Benefit 80% of actual charges
Global Travel Benefits – Insurer Waives Deductible	
Medical Evacuation	Up to \$250,000
Repatriation of Remains	Up to \$25,000
Accidental Death and Dismemberment	\$50,000

Other Benefits	Limits
Home Health Care	100% Covered Expenses, as many as 30 visits per year
Skilled Nursing Facilities	100% with a maximum Covered Expense of \$250 per day, as many as 50 days per year
Hospice	100% with a maximum Covered Expense of \$5,000 per lifetime

See other side for GeoBlue Xplorer Premier Benefit Schedule.
 This is intended to be a sample benefit schedule. Certain benefit levels may vary by state.
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