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.