

## GeoBlue Navigator Plan Comparison

Comparison Highlights	GeoBlue Navigator	Seven Corner's Reside Blue Plan
<b>Policy Information</b>		
A.M. Best Rating	Excellent	Excellent
Creditable Coverage	Yes	No
<b>Pre-existing Conditions</b>		
Pre-existing condition exclusion period	12 months - exclusion waived if prior creditable coverage	24 months
Pre-existing condition look back period	6 months	24 months
Pre-existing annual maximum once covered	Unlimited	\$500 per unexpected incident Recurring pre-existing conditions are excluded
Pre-existing lifetime maximum once covered	Unlimited	\$250,000
<b>Benefit Information</b>		
Medical Maximum	Unlimited	\$250,000
Overseas co-insurance	100%	Various options available
U.S. in network co-insurance	80% to coinsurance maximum (100% thereafter)	Various options available
U.S. out of network co-insurance	60% to coinsurance maximum (100% thereafter)	Various options available
Home Country Coverage	Capped at 9 months	30 days of coverage up to \$1,000 maximum per period of coverage
Deductible Applies	Per policy period	Per Illness or Injury
Deductible Waiver	Waived for all physician office visits and preventive care	Not Available
Deductible Discount	Reduced by 50% if you access treatment outside U.S.	Not Available
Transplants	Unlimited	Excluded
Mental Health Benefit	Inpatient: Subject to coinsurance up to 60 days per policy year Outpatient: 75% up to 40 visits/60% thereafter	Inpatient: Payable at 50% up to \$10,000 45 days maximum Outpatient: Payable at 80% up to \$500
Speech Therapy	6 visits per calendar year, deductible waived, up to \$50 per visit	Excluded
Inpatient Prescription Drugs	Unlimited	\$250,000
Outpatient Prescription Drugs	\$5,000 annual maximum	\$250,000
Birth Control	Up to outpatient prescription drug limit	Excluded
Life Support	Unlimited	\$250,000
Ambulance	Unlimited	\$350
Medical Evacuation	\$250,000	\$100,000
Repatriation of Remains	\$25,000	\$25,000
AD&D	\$10,000	\$10,000
Emergency Dental	\$500 per Calendar Year	\$250 per tooth up to \$500 maximum
Treatment necessary as result of terrorism	Unlimited	\$250,000

## GeoBlue Navigator Plan Comparison Continued

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<b>Hazardous Activities</b>		
Loss arising while insured person is under the influence of alcohol	Unlimited	Inpatient and outpatient payable at 50% up to \$1,000
Substance Abuse	Inpatient 100% up to 60 days detox / Outpatient 75% up to 40 visits and 60% thereafter	Inpatient and outpatient payable at 50% up to \$1,000
Collegiate Sports	Unlimited	Non-U.S. citizens: \$5,000 U.S. citizens: \$250,000
Diseases caused by open wounds	Unlimited	Excluded
Motor Vehicle Accident	Unlimited	Non-U.S. Citizens: \$10,000 U.S. Citizens: \$250,000
<b>Claims and Network Access</b>		
U.S. Network	Blue Card PPO Network and direct pay	Multiplan PPO Network
Claims Submission	Must submit within 6 months of treatment	Must submit within 90 days of treatment

Monthly Rates for non-U.S. Citizens coming to the U.S. for study	GeoBlue <b>\$250 deductible per policy year</b> 80% coinsurance up to policy maximum then 100% in U.S. 100% coinsurance outside U.S.	Competing Plan <b>\$250 deductible and 100% coinsurance</b> Male/Female
15 years old	\$212	\$161
20 years old	\$212	\$95 / \$136
30 years old	\$231	\$96 / \$148
40 years old	\$300	\$126 / \$165
50 years old	\$457	\$131 / \$188
60 years old	\$671	\$318 / \$300
70 years old	\$1,701	Not Available

*DISCLAIMER: This is meant to be an illustration only. Benefits, terms, definitions and rates are subject to change without notice.*