

GeoBlue Navigator Plan Comparison

Comparison Highlights	GeoBlue Navigator	Competing Plan
Policy Information		
A.M. Best Rating	Excellent	Excellent
Pre-Existing Conditions	·	'
Pre-Existing Condition Definition	Any disease, illness, sickness, malady or condition which was diagnosed or treated by a legally qualified physician prior to the effective date of coverage with consultation, advice or treatment by a legally qualified physician occurring within 6 months prior to the coverage date for the covered person.	A condition treated or diagnosed that exhibited symptoms or where there were no symptoms but, with reasonable medical certainty, a condition existed before the effective date.
Pre-Existing Condition Exclusion Period	12 months Exclusion period waived with proof of prior health insurance.	6 months
Pre-Existing Condition Look Back Period	6 months	12 months
Pre-Existing Condition Annual Maximum Once Covered	Unlimited	Student (Primary Insured Person): \$1,000,000 Dependent (Secondary Subscriber): \$100,000
Benefit Information		
Medical Maximum Per Policy Period	Unlimited	Student (Primary Insured Person): \$1,000,000 Dependent (Secondary Subscriber): \$100,000
Medical Maximum Per Illness or Injury	Unlimited	Student (Primary Insured Person): \$500,000 Dependent (Secondary Subscriber): \$100,000
Overseas Coinsurance	100%	100%
U.S. In-Network Coinsurance	80% to coinsurance maximum (100% thereafter)	100%
U.S. Out-of-Network Coinsurance	60% to coinsurance maximum (100% thereafter)	80% up to \$5,000 (100% thereafter)
Home Country Coverage	Up to 9 months	Up to a cumulative 14 days (Available for non-U.S. residents only)
Deductible	Options: \$0, \$250, \$500, \$1,000, \$2,500, \$5,000	Treatment received outside the U.S.: \$25 Treatment received within the U.S. (PPO Provider): \$25 Treatment received within the U.S. (non-PPO Provider): \$ 50 Student Health Center: \$5 copay per visit
Deductible Applies	Per policy period	Per illness or injury
Deductible Waiver	Waived for outpatient prescriptions, emergency medical evacuation, repatriation of remains, accidental death & dismemberment, physician office visits and preventative care.	Not Available
Transplants	Unlimited	Not Available
Substance Abuse	Inpatient in-network inside the U.S.: 80% up to 60 days detox Inpatient out-of-network inside the U.S.: 60% up to 60 days detox Inpatient outside the U.S.: 100% up to 60 days detox Outpatient: 75% up to 40 visits, 60% thereafter Student Health Center: Not Covered	Inpatient in-network inside the U.S.: 100% up to \$10,000 Inpatient out-of-network inside the U.S.: 80% up to \$10,000 Inpatient outside the U.S.: 100% up to \$10,000 Outpatient: \$50 per day, \$500 maximum Student Health Center: Not Covered
Mental Health Benefit	Inpatient in-network inside the U.S.: 80% up to 60 days Inpatient out-of-network inside the U.S.: 60% up to 60 days Inpatient outside the U.S.: 100% up to 60 days Outpatient: 75% up to 40 visits, 60% thereafter Student Health Center: Not Covered	Inpatient in-network inside the U.S.: 100% up to \$10,000 Inpatient out-of-network inside the U.S.: 80% up to \$10,000 Inpatient outside the U.S.: 100% up to \$10,000 Outpatient: \$50 per day, \$500 maximum Student Health Center: Not Covered

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an
independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association.



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GeoBlue Navigator Plan Comparison Continued

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Physical Therapy	Deductible is waived Covered expenses up to \$50 per visit	In-network inside the U.S.: 100% Out-of-network inside the U.S.: 80% Outside the U.S.: 100%
Physical Therapy	Up to 6 visits per year	Limit one visit per day, eligible expenses paid after the deductible
Inpatient Prescription Drugs	Unlimited	Medical order or treatment plan required \$500,000 per illness or injury
Outpatient Prescription Drugs	Deductible waived 100% of actual charges up to an annual maximum of \$5,000	Deductible applies 50% of eligible charges
Birth Control	Covered under outpatient prescription benefit	Not Available
Temporomandibular Joint (TMJ) Disorders	Unlimited	Not Available
Ambulance	Unlimited	\$750 per illness resulting in an inpatient hospitalization \$750 per injury
Emergency Medical Evacuation	\$250,000	\$500,000 Must not be a pre-existing condition
Repatriation of Remains	\$25,000	\$50,000
Accidental Death & Dismemberment	\$10,000 Principle Sum	Student: \$25,000 Principle Sum Spouse: \$10,000 Principle Sum Dependent Child: \$5,000 Principle Sum
Dental Care Required Due To An Injury	\$500 per year	\$500 period of coverage limit per injury
Treatment Necessary As a Result of Terrorism	Unlimited	\$50,000 and subject to certain country limitations
Hazardous Activities		
Loss Arising While Insured Person Is Under the Influence of Alcohol	Unlimited	Not available
Collegiate Sports	Unlimited	\$5,000 per illness or injury
Claims and Network Access		
Network Inside the U.S.	Power of Blue Cross Blue Shield PPO Network. The largest network in the United States.	UnitedHealthcare PPO
Network Outside the U.S.	Elite, contracted physicians and hospitals in over 190 countries. Stringent qualification requirements.	Credentialing and outpatient network in 190 countries.
Member Tools	Complete online assistance and administrative tools. Full mobile access.	Complete online assistance and administrative tools. Full mobile access.
Monthly Rates for	GeoBlue	Competing plan
non-U.S. Citizens coming to the U.S. for study	\$0 Deductible Plan Option	\$25 Deductible Plan Option (\$0 not available)
15 years old	\$289	\$88
20 years old	\$289	\$98
30 years old	\$315	\$129
40 years old	\$408	\$140
50 years old	\$625	\$317

\$915

\$2,322

60 years old

70 years old

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\$420

Not Available