

GeoBlue Xplorer Premier Plan Comparison

Comparison	GeoBlue Xplorer Premier	Competing Worldwide Plan
Policy Information		
A.M. Best Rating	A- (Excellent)	A (Excellent)
Plan Type	Primary	Secondary
Benefit Information		
Coverage Area	Worldwide	Worldwide
Medical Maximum	Unlimited	\$8,000,000
Major Medical Structure	Covers hospitalization, surgery, outpatient care, office visits, prescriptions, lab and more	Covers hospitalization, surgery, outpatient care, office visits, prescriptions, lab and more
Deductible Options	\$0, \$1,000, \$2,000 and \$5,000	\$100 to \$25,000
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% to \$5000 (100% thereafter)
Required Time Spent Outside of Home Country Per Calendar Year	3 months	6 months
Out of Area Treatment	Unlimited Ability to travel to other countries to access care including regional centers of excellence. Members seeking care in the U.S. can access the Blue Distinction program to find top quality care and treatment.	Worldwide as indicated on Declaration.
Deductible Waiver	Waived for all physician office visits and preventive care, prescription drug benefit, emergency medical transportation, repatriation of mortal remains, accidental death and dismemberment.	Waived for preventive and diagnostic services, preventative dental treatment, emergency medical evacuation, return of mortal remains.
Elective Care Worldwide and in the U.S. (including cancer treatment, heart surgery, orthopedic surgery, and other elective care)	Unlimited	Not Available
Transplants	Precertification required Unlimited lifetime maximum	Precertification required \$2,000,000 lifetime maximum Capped at 1 per 12 month period
Organ Procurement & Harvesting Costs	Unlimited lifetime maximum	\$20,000 lifetime maximum
Mental Health Availability	No waiting period	12-month waiting period
Mental Health Benefit	Inpatient In-Network (U.S.): 80% up to 60 days Inpatient Out-of-Network (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)	Inpatient and outpatient: \$50,000 lifetime maximum
Substance Abuse	Inpatient In-Network (U.S.): 80% up to 60 days Inpatient Out-of-Network (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)	Not Available
Acupuncture	100% up to \$2,000 Outside US 80% up to \$2,000 In-Network 60% up to \$2,000 Out-of-Network	\$150 maximum
HIV/AIDS	Unlimited	Excluded
Inpatient Prescription Drugs	Unlimited	\$8,000,000
Outpatient Prescription Drugs Outside the U.S.	\$1,000 Basic Prescription Benefit Coverage includes birth control and maintenance drugs. Upgrade available.	\$8,000,000 Coverage excludes birth control. Contact Company about availability of drug coverage for injectables and maintenance medications.
Outpatient Prescription Drugs Inside the U.S.	\$1,000 Basic Prescription Benefit Coverage includes birth control, injectables and maintenance drugs. Upgrade available.	Prescription drug card copay: \$20 for generic / \$40 for brand name where generic is not available. Certain monthly per prescription dollar amount limits may apply and require pre-approval by the Company. Contact Company about availability of drug coverage for injectables and maintenance medications. Coverage excludes birth control.
Emergency Medical Evacuation and Repatriation of Remains	\$250,000 for emergency medical evacuation \$25,000 for repatriation of remains 1) If a Covered Person suffers a sudden accident or unforeseen illness, resulting in a life-threatening/limb-threatening medical condition; 2) When adequate care is not available locally, our designee's medical director, will arrange for an emergency evacuation to the nearest or most appropriate provider capable of providing adequate care. Following any covered emergency evacuation, or if deemed appropriate by our or our designee's medical director in consultation with the attending physician, we will pay for one of the following: 1) A return to the Covered Person's permanent residence, or if appropriate, to a health care facility nearer to their permanent residence. 2) Transferred back to Covered Person's original location or the location from which they were evacuated via a one-way economy airfare.	\$800,000 for emergency medical evacuation The condition giving rise to the need for the Emergency Medical Evacuation must: (i) occur suddenly, unexpectedly, and spontaneously, and without: (1) advance warning, (2) advance treatment, diagnosis or recommendation for treatment by a physician, or (3) prior manifestation of symptoms or conditions which would have caused a reasonably prudent person to seek medical attention prior to the onset of the emergency; and (ii) was not a non-disclosed condition. \$50,000 for repatriation of remains

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Benefit Information (cont.)		
Political Evacuation	Not Available	\$10,000 lifetime maximum. Precertification required.
AD&D	\$50,000	Rider available: limit depends on age (\$75,000 for age 19-29)
Treatment Due to Injury of Sound, Natural Teeth	\$1,000 per year, \$200 per tooth Available as an upgrade after 12 months. Maternity is covered as any other condition to an unlimited maximum.	\$8,000,000 lifetime maximum
Treatment Necessary as a Result of Terrorism	Unlimited	Optional upgrade available up to \$50,000 lifetime maximum Contact company about any excluded countries associated with active travel advisories.
Maternity	Available as an upgrade after 12 months. Maternity is covered as any other condition to an unlimited maximum.	10-month wait. \$2,500 additional deductible/ \$50,000 lifetime limit.
Newborn Care		
Routine Nursery Care of a Newborn Child of a Covered Pregnancy	Unlimited	\$2,500 additional deductible, \$50,000 lifetime maximum, \$200 wellness benefit for first 12 months
Children Born as a Result of Fertility Treatment (such as IVF or Surrogacy)	May be added to plan just like a naturally-conceived child	Pregnancy as a result of Invitro Fertilization: all charges for pre-natal care, delivery, post-natal care, and care of newborns are excluded from coverage.
Neonatal Intensive Care Unit	Unlimited Newborn is automatically covered for the first 31 days following birth.	\$250,000 maximum for first 31 days
Congenital Disorders and Conditions	Unlimited	\$250,000 maximum for first 31 days
Hazardous Activities		
Scuba Diving	Unlimited	\$8,000,000
High School Sports	Unlimited	\$20,000 lifetime maximum
Adventure Sports	Unlimited	All adventure sports are excluded: BMX; hot air ballooning; inline skating; jet skiing; jungle ziplining; kayaking; mountain biking; scuba diving to a depth of no greater than 50 Meters; snorkeling; snowboarding and snowmobiling, surfing, windsurfing. The Adventure Sports Rider is available for eligible participants up to \$25,000. Certain activities are never covered, regardless of whether or not the Adventure Sports Rider is issued.
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.	Any condition prior to the effective date. Can be covered on a case-by-case basis at the consent of the insurer.
Pre-existing Condition Exclusion Period	180 days. Exclusion waived if there is evidence of prior health insurance approved by the Administrator.	Conditions that are fully disclosed on the application and have not been excluded or restricted by an exclusion rider will be covered as any illness. Treatment incurred, obtained or received by an Insured Person for a non-disclosed condition is excluded.
Pre-existing Condition Look Back Period	180 days	Any time prior to effective date
Pre-existing Annual and Lifetime Maximum Once Covered	Unlimited	\$8,000,000
Network and Tools		
Network Inside the U.S.	Blue Cross Blue Shield PPO Network	An Independent PPO Network
Network Outside the U.S.	Elite contracted physicians in over 180 countries and guarantees of payment for inpatient and outpatient services. Stringent qualification requirements.	Credentialing and outpatient network in 180 countries.
Member Tools	Complete online assistance and administrative tools. Full mobile access.	Complete online assistance and administrative tools. Full mobile access.
Upgrade Options		
Enhanced Prescription Upgrade	Benefit Maximum increased to \$25,000 \$10 copay for generics and brand names, 70% for injectables	Not Available
Dental Vision Upgrade*	\$1,500 Annual Maximum - Dental \$250 Annual Maximum - Vision	Not Available**
Claims		
Claims Complaints	Submitted to the Administrator through email or phone call within 180 days of the denial notice receipt.	Submitted to the Administrator through email or phone call within 60 days of the denial notice mailing.
Claims Submission	Must submit within 6 months of treatment.	Must submit within 90 days of treatment.

Monthly Rates 1,000 Plan Option	Worldwide	Worldwide Male / Female
20 years old	\$323	\$261 / \$384
30 years old	\$437	\$292 / \$535
40 years old	\$563	\$379 / \$650
50 years old	\$891	\$1,051 / \$1,122
60 years old	\$1,344	\$1,659 / \$1,554

*Dental and Vision Upgrade available on Elite and 1,000 plans only

**These benefits are standard for the competitor plan illustrated on this document. There is an upgrade available on other plan types.

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