

GeoBlue Expat Coverage Options in the U.S.

Summary of benefit levels available within the U.S. geographical area

Please see Complete Benefit schedule on the product pages for coverage levels outside the U.S.

Comparison Highlights	Comprehensive Coverage inside the U.S. available with the Xplorer Premier Plan	Basic U.S. Benefits Upgrade available with the Xplorer Essential Plan
U.S. Coverage Options Overview		
Coverage Area	Inside the U.S.	Inside the U.S.
Description of U.S. Coverage Options	Major medical coverage allowing members the freedom to seek care in the U.S. for up to 9 months per year. Comprehensive U.S. benefits for emergent, urgent, routine, preventive and elective care.	Basic travel accident and sickness coverage inside the U.S. for short trips to the U.S. Covers incidental illness and injury. Not designed to cover preventive, elective care or extended stays in the U.S.
Benefit Information		
Medical Maximum	Unlimited	\$1,000,000
U.S. In-Network Coinsurance	80% to coinsurance maximum (100% thereafter)	80% to coinsurance maximum (100% thereafter)
U.S. Out-of-Network Coinsurance	60% to coinsurance maximum (100% thereafter)	60% to coinsurance maximum (100% thereafter)
Coverage for U.S. Citizens Inside the U.S.	Capped at 9 months	21 days per trip, three trips maximum per calendar year
Deductible Waiver	Waived for all physician office visits and preventative care	Waived for all physician office visits
Preventative Care	Unlimited	Not covered
Patient Responsibility For In-Network Physician Office Visits	\$30 copay per visit	\$50 copay per visit
Ability to Travel to the U.S. for Treatment	Yes	No
Elective Care In The U.S. Including Cancer Treatment, Heart Surgery, Orthopedic Surgery, and Other Elective Care	Covered	Not covered
Mental Health Benefit	Inpatient: In-Network - 80%; Out-of-Network - 60% Outpatient: In-Network - 100%, \$30 copay per visit; Out-of-Network - 60%	Not covered
Speech Therapy	12 visits per calendar year, deductible waived	Not covered
Acupuncture	In-Network: 80% up to \$2,000 Out-of-Network: 60% up to \$2,000	Not covered
Chiropractic Care	In-Network: 80% up to \$2,000 Out-of-Network: 60% up to \$2,000	Not covered
Nursing Home Expenses	As many as 50 days per calendar year under skilled nursing services benefit	Not covered
Substance Abuse	Inpatient: In-Network - 80%; Out-of-Network - 60% Outpatient: In-Network - 100%, \$30 copay per visit; Out-of-Network - 60%	Not covered
Inpatient Prescription Drugs	Unlimited	\$1,000,000
Outpatient Prescription Drugs	\$1,000 Basic Prescription Benefit Enhanced Prescription Upgrade available: \$25,000	\$1,000, limited to emergency medical care, illness and accidental injury conditions

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Benefit Information		
Injectables	70% to coinsurance maximum (100% thereafter)	Not covered
Birth Control	Up to outpatient prescription drug limit	Not covered
AD&D	\$50,000	Not covered
Newborn Care		
Routine Nursery Care of a Newborn Child of a Covered Pregnancy	Unlimited	Not covered
Neonatal Intensive Care Unit	Newborn is automatically covered; Unlimited	Covered due to complications of pregnancy only
Pre-existing Conditions		
Pre-existing Condition Exclusion Period	180 days Exclusion waived with evidence of prior health insurance	180 days Any evidence of prior health insurance does not apply to pre-existing condition wait period.
Pre-existing Condition Look Back Period	180 Days	2 years
Pre-existing Annual Maximum Once Covered	Unlimited	\$500
Network	Comprehensive U.S. Benefits	Basic U.S. Benefits Upgrade
Network Inside the U.S.	Blue Cross Blue Shield PPO Network	Blue Cross Blue Shield PPO Network

Monthly Rider Rates 1,000 Plan	Estimated premium for U.S. Benefits	
20 years old	\$233	\$17
30 years old	\$330	\$24
40 years old	\$417	\$33
50 years old	\$596	\$53
60 years old	\$851	\$82

*Reflects the cost of the U.S. benefit only. For a complete premium rate, including the overseas premium portion, visit our online quoting tool.

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